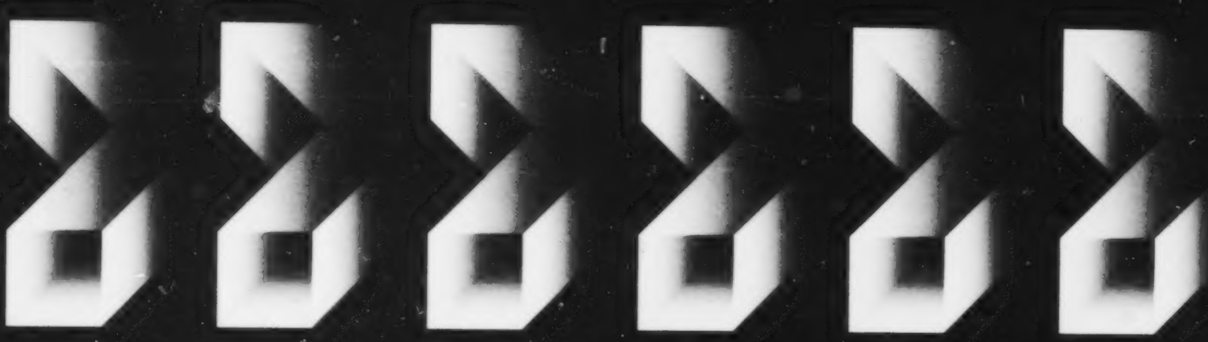
Health Canada Santé Canada

Evaluation Group **Groupe de l'évaluation**

Strategic Planning and Review Directorate **Direction de la planification stratégique et de l'examen**

Policy and Consultation Branch **Direction générale des politiques et de la consultation**



EVALUATION OF CANADA'S DRUG STRATEGY

EXECUTIVE SUMMARY AND RECOMMANDATIONS

FINAL REPORT

June 1997

Canada

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THE EXECUTIVE SUMMARY, WHICH INCLUDES THE RECOMMENDATIONS OF THIS STUDY, IS A PROTECTED DOCUMENT, AND IS NOT FOR PUBLIC DISTRIBUTION.

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Final Report

Prepared by: Jamieson, Beals, Lalonde and Associates, Inc.

16 June 1997

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EVALUATION OF CANADA'S DRUG STRATEGY

Executive Summary

PART 1. BACKGROUND

1.HISTORY OF THE CDS PHASE II

Canada's Drug Strategy, Phase II (CDS Phase II) was a five-year interdepartmental initiative approved by Cabinet March 17, 1992. It was intended to reduce the harm to individuals, families, and communities caused by alcohol and other drugs. CDS Phase II built on federal accomplishments achieved under Phase I (also known as the National Drug Strategy) and incorporated a focus on impaired drivers. It focused on:

- enhancing coordination at national, provincial/territorial and community levels
- improving the knowledge base for making program and policy decisions
- targeting resources to populations at high risk for substance abuse, and
- the provision of supplemental resources for federal substance abuse programs and activities.

Seven federal departments worked together, and with provincial, territorial and non-government organizations, to co-ordinate their programming in an effort to address substance abuse issues and reduce harm associated with substance abuse. Partner Departments included:

- Health Canada
- Solicitor General Canada, including the Ministry Secretariat, Royal Canadian Mounted Police (RCMP) and Correctional Service of Canada (CSC)
- Revenue Canada, Customs and Excise
- Human Resources Development Canada (HRDC)
- Department of Foreign Affairs and International Trade (DFAIT)
- Department of Justice, and
- Department of Canadian Heritage.

2.CDS Phase II Objectives

The primary or overall objective of the CDS Phase II was:

- to make Canada's alcohol and other drug interventions more effective at reducing harm to individuals, families, and communities caused by problem alcohol and other drug use.

The second and third order CDS Phase II objectives articulate how the primary objective was to be achieved, through:

- improved program targeting through a focus on high risk populations
- improved coordination and collaboration across federal departments and with external partners (i.e. provincial and territorial governments, non-government organizations, etc)
- improved information base on substance abuse related issues, to assist policy-makers, program developers, researchers, professionals, and others concerned with substance abuse issues in addressing this problem, and
- enhanced resources that would enable departments to continue certain on-going activities and redirect attention to emerging issues or new activities.

3. Evaluation Goals and Objectives

The overall goal of this evaluation is to report to Treasury Board Secretariat on the effectiveness of CDS Phase II as an interdepartmental strategy to address substance abuse issues. Specifically, the objectives were to capture:

- in summary format, what was collectively achieved under the CDS Phase II, in terms of improved targeting, coordination, information base and resource enhancements
- the "value-added" by undertaking the CDS Phase II as an interdepartmental strategy versus independent modes of action
- lessons learned for the design, delivery, management and evaluation of multi-departmental initiatives generally
- lessons learned for the future management of national programs addressing substance abuse issues, and
- where possible, summarize the CDS Phase II's effectiveness in reducing harm associated with substance abuse, as evidenced in departmental evaluation report findings.

Departmental achievements are summarized in Annex A to the report. The greater part of the report deals with the lessons learned from the CDS Phase II in terms of the management of interdepartmental strategies.

4. METHODOLOGY

The departmental evaluation reports and interviews with evaluators and program managers, and with staff of the Treasury Board Secretariat, were the key sources of information for this evaluation. In addition we reviewed the available minutes of interdepartmental mechanisms and draft documents related to national planning on substance abuse issues[1].

We held a Learning Circle, which brought together program managers from most of the partner departments to discuss issues and lessons learned related to the strategic interdepartmental coordination of the CDS Phase II.

Where possible, we have supplemented information contained in the departmental reports with that available from our interviews, and from the Learning Circle.

PART 2. FINDINGS AND RECOMMENDATIONS

1. Summary of Achievements

Given the nature of the problem of substance abuse, it is to be expected that only incremental change in rates of substance and related harm could be achieved in the five years of the CDS Phase II[2]. Consequently, the achievements examined in this evaluation relate primarily to the third order objectives (see p.2) of the Strategy. The balance of the report examines the lessons learned from the CDS Phase II in the management of interdepartmental strategies.

The documents reviewed indicate that CDS Phase II was carried out in accordance with the overall goals and objectives stipulated in the Memorandum to Cabinet, with some shifts to accommodate Canada's international obligations and commitments related to drug issues. We note that most of the information related to achievements in improved targeting, coordination, and information base improvements is anecdotal in nature.

With respect to resource enhancements, it appears that CDS Phase II resources were spent in accordance with the Memorandum to Cabinet. Most departments, however, have not provided any detail on a) funds actually expended and b) whether Departmental CDS Phase II resources (including FTEs) were the subject of budget cuts (and if so, how this has impacted on CDS Phase II achievements).

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[1] This evaluation, however, concentrates on the Canada's Drug Strategy, and not planning activities related to the post-CDS period.

[2] Some surveys were carried out by Health Canada during the CDS Phase II to determine the scope of the substance abuse problem in Canada. Such surveys would need to be repeated periodically to gauge the success of efforts to reduce substance abuse and related harm, by the federal government and other bodies. Research of this nature is costly, and must be carried out longitudinally over time, requiring a longer period than the five years of the CDS Phase II.

One significant achievement to be noted resulted from the creation of the Integrated Anti-Drug Profiteering Units, whose efforts have resulted in the forfeiture of $25.04M in their first four years of operation.

In summary, the CDS Phase II achieved the following against the third order objectives[3].

a. Targeting

The concept of population targeting was interpreted differently by departments, depending on the nature of the programs affected. Health Canada's prevention programming focussed squarely on high risk populations, namely out-of-the mainstream youth, women, seniors, Aboriginal peoples and impaired drivers. DFAIT targeted a broader range of travellers (particularly youth and seniors). The Department of Canadian Heritage focused on testing athletes involved in high risk sports (e.g. junior football, weightlifting), and also undertook prevention activities with younger age groups.

Departments focussing on enforcement and control focussed on criminal activity associated with the drug trade.

There is general agreement that the targeting of efforts resulted in a more efficient and effective use of resources, although there is little concrete evidence in departmental evaluation reports.

Conclusion: Targeting was implemented in all participating departments, with justifiable variation according to their respective mandates.

b. Coordination and Cooperation

Departmental Coordination and Cooperation

Departments were most successful in coordinating their own departmental programs, with evidence of coordination within the departments, with other levels of government and with their constituents in non-government organizations and local communities. Most examples of successful coordination/cooperation have in common that they were created to accomplish a specific task.

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[3] Annex A to the report details achievements of each partner department.

Interdepartmental Coordination and Cooperation

The concept of a coordinated approach to the whole issue of substance abuse, which would be evidenced by on-going coordinated strategic planning, was not translated into reality. While the Memorandum to Cabinet and the Treasury Board Submission provided a direction for the strategy, clear coordination goals were not defined, especially related to the role of Canada's Drug Strategy Secretariat. Nor does it appear that departments involved could agree on coordination goals in the early stages of the CDS Phase II, or on the role of the CDSS. Consequently, the CDSS could not, and did not play the high level coordination role that might have been expected of such an entity.

There is little evidence of on-going, interdepartmental strategic planning occurring throughout the life of the Strategy. Aside from task-specific ventures such as the Integrated Anti-Drug Profiteering Units (IADPU), departments and agencies developed and implemented their specific plans independent of each other.

There were transfers of funds to DFAIT to allow that department to fulfil its international responsibilities. It should be noted, however, that the lack of information sharing amongst departments is perceived to have resulted in lost opportunities for some departments to use funds lapsed by others. Some program managers have suggested that a high-level coordinating body for special strategies/initiatives would have prevented this kind of situation.

Coordination of International Activities

Overall, the existence of the CDS Phase II has enhanced Canada's reputation in international fora by providing other countries with a model of a balanced supply/demand reduction strategy, and by providing source/transit countries with technical expertise and training in enforcement and control matters.

We note, however, that much of the early and mid-stage of CDS Phase II was characterized by confusion and lack of clarity concerning the roles and responsibilities of the CDSS and DFAIT in the international area. The existence of a DFAIT interdepartmental committee (which functioned outside the CDS Phase II arena) to deal with international issues has helped to ensure that Canada presented a coherent position in international fora, and that international aspects were considered where appropriate in departmental activities.

Recommendation #1: **That, given the globalization of the drug trade, the activities and financial commitments related to advancing Canada's position on substance abuse issues in international fora should be coordinated with the country's national plan on substance abuse.**

National Visibility

There are advantages to having national visibility for a strategy such as the CDS Phase II, if that visibility gives status and prominence to the issue, and increases the willingness and commitment of government and its partners to assume ownership, become involved and take action. In that sense, national visibility would contribute to the achievement of the objectives because it helps to establish a priority focus and build momentum[4].

It does not appear that the CDS Phase II had recognized visibility as a national strategy.

Conclusions: **Interdepartmental coordination at the working level and for task-specific initiatives was effective. Interdepartmental coordination at the strategic planning level was identified as a concern over the course of the CDS Phase II, however it does not appear that this issue was resolved.**

There was confusion in roles and responsibilities regarding international issues, which receded as an issue with the dissolution of the CDSS. Funding for international activities remained a concern throughout the CDS Phase II.

The CDS Phase II did not have national visibility at either political or public levels.

c. Information Enhancement

The CDS Phase II was successful in broadening the information base related to substance abuse, and making it more accessible. Some examples of useful projects cited were the *Costs of Substance Abuse* study by the Canadian Centre on Substance Abuse (CCSA), the *Canada's Alcohol and Other Drugs Survey*, and the *Canadian Community Epidemiology Network on Drug Use*. In addition, the initiative of the CCSA to make information available via the World Wide Web is seen as a particularly useful innovation.

Conclusion: **The information available in Canada on the issue of substance abuse has increased as a result of CDS Phase II funding.**

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[4] This would also help to distinguish the Canadian strategy from other approaches, such as the U.S. "War on Drugs".

d. Resource Enhancement

The history of resource allocations under the CDS Phase II was difficult to reconstruct. Resources originally approved were almost immediately reduced, and continued to be reduced over the course of the Strategy. Undoubtedly, the budget cuts had an impact on the implementation of the CDS Phase II plans. Health Canada experienced the most significant cuts, and, since these took place in the final years of the Strategy, the results of research and pilot projects undertaken in the early years could not always translate into changes to programs.

Although final budget and expenditure figures are not available for the whole of the CDS Phase II, we may conclude that:

Conclusion: **Departmental resources were increased through the CDS Phase II. There were significant subsequent cuts to some departmental budgets. These cuts may have limited the potential achievements of the CDS Phase II.**

e. Contribution to Harm Reduction

The definition of "harm" and the ways harm reduction would be measured were not specified in the Treasury Board (TB) submission, although the Evaluation Working Group and the Program Working Group adopted "more effective harm reduction" as a first order objective of the CDS Phase II, noting that there are physical, psychological, economic and societal dimensions to harm. At a practical level, each department made its own assumptions, in relation to its mandate, and proceeded accordingly. A discussion paper on harm reduction was circulated during the CDS Phase II, but a formal, articulated policy on harm reduction was not developed. In the final year of the strategy, partner departments initiated the drafting of a national plan to guide efforts subsequent to the CDS Phase II.

Conclusion: **CDS Phase II resources were used in a manner consistent with a harm reduction approach, although a formal harm reduction policy was not in place during the course of the strategy.**

Recommendation #2: **That a formal policy on harm reduction be finalized and communicated, to facilitate the implementation of federal action on substance abuse.**

2. Lessons Learned for the Successful Implementation a Horizontal Approach

There is well over a decade of experience in using interdepartmental strategies to address interdisciplinary and intersectoral social, health and justice issues. It is widely-accepted that interdepartmental collaboration and coordination on substance abuse issues is valuable and necessary in the current federal environment. Experience with the CDS Phase II has revealed a number of components that are key to the successful implementation of a horizontal approach, namely:

- a conducive, federal-wide organizational culture
- effective leadership
- a common vision
- sequenced planning and implementation
- senior management commitment
- a focus on concrete products and outcomes
- effective management structures and processes
- accountability.

These factors are summarized below.

a. A conducive, federal-wide organizational culture

In her 1997 report to the Prime Minister on the Public Service, the Clerk of the Privy Council states that "one of the principal difficulties to be overcome [for more effective service delivery] is the vertical stovepipes that divide government activities into separate domains of service delivery that do not reflect the interconnectedness of the real world."[5]

Traditionally, departments have been protective of their "turf" and this, coupled with the hierarchical and compartmentalized nature of government organization, has made it difficult for managers to recognize and realize the benefits of working with other departments. The realities of fiscal restraints now make it imperative to maximize the efficiency of operations across the government. This requires a change in organizational values to appreciate the broader perspective of government (not just the departmental mandate) and a willingness to offer expertise, information, and experience to others even though the "returns" may not be immediate.

Recommendation #3: **That, in its efforts to foster the horizontal approach and to find ways to overcome the cultural, legislative, structural and procedural barriers that foster the "stovepipe" approach to government operations, the Privy Council Office gather**

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[5] Fourth Annual Report to The Prime Minister on The Public Service of Canada, Part IV. Privy Council Office. 1997

information from departmental officials with experience working on horizontal initiatives, and communicate best practices.

b. Senior Management Commitment

Senior management in a department must be committed to an interdepartmental approach, and must communicate that commitment to the working level. Commitment will also translate into active participation, including: a willingness to sit on Steering Committees, make strategic decisions from the horizontal perspective, and protect appropriate dedicated resources during budget cutting exercises. In the case of the CDS Phase II, very few ADMs regularly attended the meetings of the ADMs' Steering Committee.

c. A focus on tangible products and/or outcomes

From the interdepartmental perspective, the CDS Phase II seemed to function most effectively at the task-specific level. This underscores the importance of focussing on concrete projects or tasks, which have relevancy and purpose.

Recommendation #4: **That, as an initial step in encouraging the horizontal approach to substance abuse issues and to foster the required organizational culture changes, departments addressing substance abuse issues create other task-specific initiatives such as the Integrated Anti-Drug Profiteering Units, to provide experience in and exposure to the benefits of joint ventures.**

d. Effective management structures and coordination mechanisms

Structures for the effective management of a horizontal issue like substance abuse include:

- an active, interdepartmental senior-level management structure that is empowered to make decisions on the issue as a whole, and refine, modify, or adjust the strategy to address the issue
- a coordinating body with a well-defined mandate and recognized authority to carry out a management role interdepartmentally, and

- an active, interdepartmental working-level structure that is responsible for assessing current conditions, identifying potential opportunities for coordination and seizing opportunities for action.

It has been suggested that the function of overseeing the implementation of a Strategy like the CDS Phase II could be formally vested in an entity[6] that would:

- report to a Minister or the Prime Minister
- have the authority to coordinate the development of interdepartmental plans on the issue
- have the authority to collect financial information
- have the authority to direct the reallocation of lapsed funds to other areas, and
- manage coordination activities, especially strategic planning.

It is also proposed that such a body should not be an integral part of one of the partner departments, as it would then be in a potential, or perceived, conflict of interest position.

Effective coordination is also essential for the successful implementation of a horizontal approach. The main lesson learned from the experience of the CDS Phase II is that there are no guarantees coordination will "just happen". It must be planned, defined and agreed to by all parties at the outset, an effective leader must be assigned responsibility for it and given the authority to see that it occurs, and departments must "buy-in" to and participate in the process.

Processes for the effective management of a horizontal issue like substance abuse include:

- on-going, interdepartmental strategic planning
- establishing authority to collectively allocate resources so that opportunities are maximized
- recognition that coordination is an important function, and assigning resources accordingly
- involving program managers in on-going monitoring

Individual managers recognize the value of monitoring the utilization of their own resources, but are more reluctant to report to outside agencies (such as the CDSS). However, it is in the overall interest of government to ensure, on an on-going basis, that funds allocated for special purposes are in fact being used appropriately.

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[6] Possible reporting models suggested at the Learning Circle include those entities which address substance abuse issues in Australia, and in the United States. An entity like the National Crime Prevention Council, which reports to the Minister of Justice, was suggested as another possible model.

Recommendation #5: **That authority and responsibility for overseeing horizontal issues such as substance abuse be formally vested in an organization, committee or other body at a senior level, including responsibility and authority for coordinating its planning and implementation, and monitoring expenditures to maximize their effectiveness. Within this context, the federal government should recognize the importance of the coordination activity by resourcing it appropriately, not only within the coordinating body, but within departments that must also devote time to coordination activities.**

e. Strategic Planning and a Common Vision

Strategic planning for the CDS Phase II was not undertaken interdepartmentally (except in the development of the Memorandum to Cabinet).

A common vision and set of objectives is a fundamental requisite to effective implementation of a horizontal approach. Achieving a common vision requires participating departments to develop an understanding of the perspectives of other sectors so that they can "place" their departments' activities within that broader context and maximize their opportunities to work horizontally. It does not mean that there has to be complete agreement on all matters related to the central issue.

It should be expected that the common vision will continue to evolve over the course of the strategy. In the case of the CDS Phase II, there was a sense of common vision (a harm reduction approach), even though a formally articulated policy was not in place over the course of the strategy.

In the past, it has been common for special initiatives/strategies to be developed rapidly, in response to issues of societal importance (e.g. family violence, substance abuse). The first year of a strategy is usually consumed with planning, and putting in place the implementation mechanisms required. But, funds are usually earmarked for program expenditure during that first year, funds that often lapse because programs are not ready for them. It has therefore been suggested that the funding profile of special initiatives/strategies include lower funding levels in the first year, with provision for higher levels in subsequent years.

Recommendation #6: **That horizontal strategies incorporate provisions for initial and on-going strategic planning at the interdepartmental level. Moreover, should special initiatives or strategies be created in the future, funding for such horizontal strategies should be structured to take into account the need for**

adequate planning for implementation prior to spending program funds.

f. Accountability and Evaluation Frameworks

A common thread evident in many of the comments in this report is the need for all partners to be clear on their respective roles and responsibilities. The lack of such clarity resulted in relatively poor coordination and cooperation, lapsed funds and inadequate monitoring.

A well-defined accountability framework, with clearly articulated objectives at all levels, reasonable[7] performance indicators and data collection plans, financial planning and reporting mechanisms for reallocating resources if required to take advantage of opportunities, or to discontinue less effective efforts, should be developed as a priority in the first year of a new strategy.

Recommendation #7: **That Treasury Board Secretariat require that an accountability framework, including clearly articulated objectives, financial planning and reporting mechanisms, and an evaluation framework, including performance indicators and data collection plans, be developed as priorities during the first year of a horizontal strategy.**

In the case of the CDS Phase II, the development of an evaluation framework began early on in the course of the Strategy. This framework was developed too late to be of practical benefit to program managers, in that, in the absence of performance indicators, data collection needs were not identified at the outset, and a baseline of data was not created.

Program managers advocate a timely annual reporting/review process with a focus on problem-solving and corrective action. Such a process also has advantages from an evaluation point of view, as it would facilitate the compilation of data for formal evaluations. It may also obviate the need for mid-term reviews, which would in fact be on-going[8].

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[7] Reasonable in the sense that data can be collected at an affordable cost, and that results can be attributed to program activities.

[8] Solicitor General Canada Secretariat noted that the mid-term review did have merit, in that it provided summary evidence of the progress of the IADPU, and thus helped to achieve a positive result for the further funding of integrated proceeds of crime units (IPOC).

Recommendation #8: **That Treasury Board Secretariat reconsider the practice of mid-term reviews, and perhaps introduce instead a process of annual reviews with a focus on problem-solving and corrective action.**

It should be noted that, although original resource allocation specified that evaluations were to be funded from the allocations to individual departments, most departments did not segregate those funds. As a result, the evaluation process was perceived as a burden rather than beneficial by most departments[9].

Recommendation #9: **That Treasury Board Secretariat ensure that funds for interdepartmental and departmental evaluations and annual reviews are allocated as part of budgets related to horizontal strategies.**

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[9] According to Treasury Board Secretariat (TBS) officials, this issue has now been addressed as TBS now specifies budgeted funds for review out of the total budget allocations.

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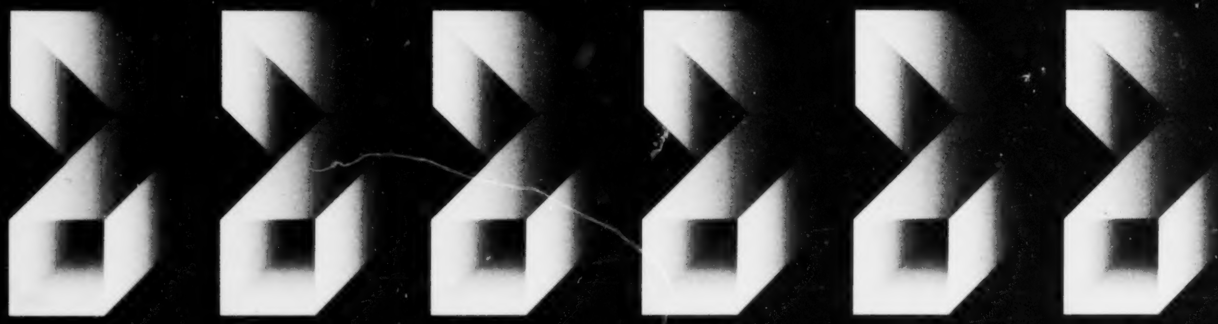

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The primary or overall objective of the CDS Phase II was:

- to make Canada's alcohol and other drug interventions more effective at reducing harm to individuals, families, and communities caused by problem alcohol and other drug use.

The second and third order CDS Phase II objectives articulate how the primary objective was to be achieved, through:

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The concept of a coordinated approach to the whole issue of substance abuse, which would be evidenced by on-going coordinated strategic planning, was not translated into reality. While the Memorandum to Cabinet and the Treasury Board Submission provided a direction for the strategy, clear coordination goals were not defined, especially related to the role of Canada's Drug Strategy Secretariat. Nor does it appear that departments involved could agree on coordination goals in the early stages of the CDS Phase II, or on the role of the CDSS. Consequently, the CDSS could not, and did not play the high level coordination role that might have been expected of such an entity.

There is little evidence of on-going, interdepartmental strategic planning occurring throughout the life of the Strategy. Aside from task-specific ventures such as the Integrated Anti-Drug Profiteering Units (IADPU), departments and agencies developed and implemented their specific plans independent of each other.

There were transfers of funds to DFAIT to allow that department to fulfil its international responsibilities. It should be noted, however, that the lack of information sharing amongst departments is perceived to have resulted in lost opportunities for some departments to use funds lapsed by others. Some program managers have suggested that a high-level coordinating body for special strategies/initiatives would have prevented this kind of situation.

Coordination of International Activities

Overall, the existence of the CDS Phase II has enhanced Canada's reputation in international fora by providing other countries with a model of a balanced supply/demand reduction strategy, and by providing source/transit countries with technical expertise and training in enforcement and control matters.

We note, however, that much of the early and mid-stage of CDS Phase II was characterized by confusion and lack of clarity concerning the roles and responsibilities of the CDSS and DFAIT in the international area. The existence of a DFAIT interdepartmental committee (which functioned outside the CDS Phase II arena) to deal with international issues has helped to ensure that Canada presented a coherent position in international fora, and that international aspects were considered where appropriate in departmental activities.

National Visibility

There are advantages to having national visibility for a strategy such as the CDS Phase II, if that visibility gives status and prominence to the issue, and increases the willingness and commitment of government and its partners to assume ownership, become involved and take action. In that sense, national visibility would contribute to the achievement of the objectives because it helps to establish a priority focus and build momentum[4].

It does not appear that the CDS Phase II had recognized visibility as a national strategy.

Conclusions: **Interdepartmental coordination at the working level and for task-specific initiatives was effective. Interdepartmental coordination at the strategic planning level was identified as a concern over the course of the CDS Phase II, however it does not appear that this issue was resolved.**

There was confusion in roles and responsibilities regarding international issues, which receded as an issue with the dissolution of the CDSS. Funding for international activities remained a concern throughout the CDS Phase II.

The CDS Phase II did not have national visibility at either political or public levels.

c. Information Enhancement

The CDS Phase II was successful in broadening the information base related to substance abuse, and making it more accessible. Some examples of useful projects cited were the *Costs of Substance Abuse* study by the Canadian Centre on Substance Abuse (CCSA), the *Canada's Alcohol and Other Drugs Survey*, and the *Canadian Community Epidemiology Network on Drug Use*. In addition, the initiative of the CCSA to make information available via the World Wide Web is seen as a particularly useful innovation.

Conclusion: **The information available in Canada on the issue of substance abuse has increased as a result of CDS Phase II funding.**

d. Resource Enhancement

The history of resource allocations under the CDS Phase II was difficult to reconstruct. Resources originally approved were almost immediately reduced, and continued to be reduced over the course of the Strategy. Undoubtedly, the budget cuts had an impact on the implementation of the CDS Phase II plans. Health Canada experienced the most significant cuts, and, since these took place in the final years of the Strategy, the results of research and pilot projects undertaken in the early years could not always translate into changes to programs.

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[4] This would also help to distinguish the Canadian strategy from other approaches, such as the U.S. "War on Drugs".

Although final budget and expenditure figures are not available for the whole of the CDS Phase II, we may conclude that:

Conclusion: **Departmental resources were increased through the CDS Phase II. There were significant subsequent cuts to some departmental budgets. These cuts may have limited the potential achievements of the CDS Phase II.**

e. Contribution to Harm Reduction

The definition of "harm" and the ways harm reduction would be measured were not specified in the Treasury Board (TB) submission, although the Evaluation Working Group and the Program Working Group adopted "more effective harm reduction" as a first order objective of the CDS Phase II, noting that there are physical, psychological, economic and societal dimensions to harm. At a practical level, each department made its own assumptions, in relation to its mandate, and proceeded accordingly. A discussion paper on harm reduction was circulated during the CDS Phase II, but a formal, articulated policy on harm reduction was not developed. In the final year of the strategy, partner departments initiated the drafting of a national plan to guide efforts subsequent to the CDS Phase II.

Conclusion: **CDS Phase II resources were used in a manner consistent with a harm reduction approach, although a formal harm reduction policy was not in place during the course of the strategy.**

2. Lessons Learned for the Successful Implementation a Horizontal Approach

There is well over a decade of experience in using interdepartmental strategies to address interdisciplinary and intersectoral social, health and justice issues. It is widely-accepted that interdepartmental collaboration and coordination on substance abuse issues is valuable and necessary in the current federal environment. Experience with the CDS Phase II has revealed a number of components that are key to the successful implementation of a horizontal approach, namely:

- a conducive, federal-wide organizational culture
- effective leadership
- a common vision
- sequenced planning and implementation
- senior management commitment

- a focus on concrete products and outcomes
- effective management structures and processes
- accountability.

These factors are summarized below.

a. A conducive, federal-wide organizational culture

In her 1997 report to the Prime Minister on the Public Service, the Clerk of the Privy Council states that "one of the principal difficulties to be overcome [for more effective service delivery] is the vertical stovepipes that divide government activities into separate domains of service delivery that do not reflect the interconnectedness of the real world."[5]

Traditionally, departments have been protective of their "turf" and this, coupled with the hierarchical and compartmentalized nature of government organization, has made it difficult for managers to recognize and realize the benefits of working with other departments. The realities of fiscal restraints now make it imperative to maximize the efficiency of operations across the government. This requires a change in organizational values to appreciate the broader perspective of government (not just the departmental mandate) and a willingness to offer expertise, information, and experience to others even though the "returns" may not be immediate.

b. Senior Management Commitment

Senior management in a department must be committed to an interdepartmental approach, and must communicate that commitment to the working level. Commitment will also translate into active participation, including: a willingness to sit on Steering Committees, make strategic decisions from the horizontal perspective, and protect appropriate dedicated resources during budget cutting exercises. In the case of the CDS Phase II, very few ADMs regularly attended the meetings of the ADMs' Steering Committee.

c. A focus on tangible products and/or outcomes

From the interdepartmental perspective, the CDS Phase II seemed to function most effectively at the task-specific level. This underscores the importance of focussing on concrete projects or tasks, which have relevancy and purpose.

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[5] Fourth Annual Report to The Prime Minister on The Public Service of Canada, Part IV. Privy Council Office. 1997

d. Effective management structures and coordination mechanisms

Structures for the effective management of a horizontal issue like substance abuse include:

- an active, interdepartmental senior-level management structure that is empowered to make decisions on the issue as a whole, and refine, modify, or adjust the strategy to address the issue

- a coordinating body with a well-defined mandate and recognized authority to carry out a management role interdepartmentally, and

- an active, interdepartmental working-level structure that is responsible for assessing current conditions, identifying potential opportunities for coordination and seizing opportunities for action.

It has been suggested that the function of overseeing the implementation of a Strategy like the CDS Phase II could be formally vested in an entity[6] that would:

- report to a Minister or the Prime Minister
- have the authority to coordinate the development of interdepartmental plans on the issue
- have the authority to collect financial information
- have the authority to direct the reallocation of lapsed funds to other areas, and
- manage coordination activities, especially strategic planning.

It is also proposed that such a body should not be an integral part of one of the partner departments, as it would then be in a potential, or perceived, conflict of interest position.

Effective coordination is also essential for the successful implementation of a horizontal approach. The main lesson learned from the experience of the CDS Phase II is that there are no guarantees coordination will "just happen". It must be planned, defined and agreed to by all parties at the outset, an effective leader must be assigned responsibility for it and given the authority to see that it occurs, and departments must "buy-in" to and participate in the process.

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[6] Possible reporting models suggested at the Learning Circle include those entities which address substance abuse issues in Australia, and in the United States. An entity like the National Crime Prevention Council, which reports to the Minister of Justice, was suggested as another possible model.

Processes for the effective management of a horizontal issue like substance abuse include:

- on-going, interdepartmental strategic planning
- establishing authority to collectively allocate resources so that opportunities are maximized
- recognition that coordination is an important function, and assigning resources accordingly
- involving program managers in on-going monitoring

Individual managers recognize the value of monitoring the utilization of their own resources, but are more reluctant to report to outside agencies (such as the CDSS). However, it is in the overall interest of government to ensure, on an on-going basis, that funds allocated for special purposes are in fact being used appropriately.

e. Strategic Planning and a Common Vision

Strategic planning for the CDS Phase II was not undertaken interdepartmentally (except in the development of the Memorandum to Cabinet).

A common vision and set of objectives is a fundamental requisite to effective implementation of a horizontal approach. Achieving a common vision requires participating departments to develop an understanding of the perspectives of other sectors so that they can "place" their departments' activities within that broader context and maximize their opportunities to work horizontally. It does not mean that there has to be complete agreement on all matters related to the central issue.

It should be expected that the common vision will continue to evolve over the course of the strategy. In the case of the CDS Phase II, there was a sense of common vision (a harm reduction approach), even though a formally articulated policy was not in place over the course of the strategy.

In the past, it has been common for special initiatives/strategies to be developed rapidly, in response to issues of societal importance (e.g. family violence, substance abuse). The first year of a strategy is usually consumed with planning, and putting in place the implementation mechanisms required. But, funds are usually earmarked for program expenditure during that first year, funds that often lapse because programs are not ready for them. It has therefore been suggested that the funding profile of special initiatives/strategies include lower funding levels in the first year, with provision for higher levels in subsequent years.

f. Accountability and Evaluation Frameworks

A common thread evident in many of the comments in this report is the need for all partners to be clear on their respective roles and responsibilities. The lack of such clarity resulted in relatively poor coordination and cooperation, lapsed funds and inadequate monitoring.

A well-defined accountability framework, with clearly articulated objectives at all levels, reasonable[7] performance indicators and data collection plans, financial planning and reporting mechanisms for reallocating resources if required to take advantage of opportunities, or to discontinue less effective efforts, should be developed as a priority in the first year of a new strategy.

In the case of the CDS Phase II, the development of an evaluation framework began early on in the course of the Strategy. This framework was developed too late to be of practical benefit to program managers, in that, in the absence of performance indicators, data collection needs were not identified at the outset, and a baseline of data was not created.

Program managers advocate a timely annual reporting/review process with a focus on problem-solving and corrective action. Such a process also has advantages from an evaluation point of view, as it would facilitate the compilation of data for formal evaluations. It may also obviate the need for mid-term reviews, which would in fact be on-going[8].

It should be noted that, although original resource allocation specified that evaluations were to be funded from the allocations to individual departments, most departments did not segregate those funds. As a result, the evaluation process was perceived as a burden rather than beneficial by most departments[9].

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[7] Reasonable in the sense that data can be collected at an affordable cost, and that results can be attributed to program activities.

[8] Solicitor General Canada Secretariat noted that the mid-term review did have merit, in that it provided summary evidence of the progress of the IADPU, and thus helped to achieve a positive result for the further funding of integrated proceeds of crime units (IPOC).

[9] According to Treasury Board Secretariat (TBS) officials, this issue has now been addressed as TBS now specifies budgeted funds for review out of the total budget allocations.

ORGANIZATION OF THIS REPORT

Part 1 of this report presents a history of the CDS Phase II, including its objectives and resources, as well as the methodology followed in this evaluation. Part 2 first discusses the achievements of the CDS Phase II, and includes conclusions to be drawn from those achievements, or lack thereof. Following that is a discussion of the experience of the CDS Phase II in terms of the lessons which may be learned for the future implementation of a horizontal approach to issues of societal importance such as substance abuse.

Annex A presents the achievements of individual departments, while the Appendices provide additional background documentation and a reference list.

EVALUATION OF CANADA'S DRUG STRATEGY
TABLE OF CONTENTS

Page
Executive Summary i

PART 1. BACKGROUND 1

I. HISTORY OF THE CDS PHASE II 1
  A. Balancing Demand and Supply Reduction 2
  B. Stakeholders 2
  C. CDS Phase II Resources 3
  D. CDS Phase II Objectives 5
  E. Departmental Activities 5

II. EVALUATION GOAL AND OBJECTIVES 6

III. METHODOLOGY 7
  A. Overview 7
  B. Limitations 7

PART 2. FINDINGS AND CONCLUSIONS 8

I. ACHIEVEMENTS OF THE CDS PHASE II 8
  A. Summary of Achievements 8
    1. Targeting 8
    2. Coordination and Cooperation 9
    3. Information Enhancement 13
    4. Resource Enhancement 13
    5. Contribution to Harm Reduction 14

II. INTERDEPARTMENTAL COORDINATION AND THE HORIZONTAL APPROACH TO ISSUES SUCH AS SUBSTANCE ABUSE 15
  A. Expected Benefits of the Horizontal Approach 16
  B. Lessons Learned: Conditions for Successful Implementation 17

III. CONCLUSION 24

ANNEX A Achievements by Department

APPENDICES:
A CDS Phase II Coordination Mechanisms
B List of Interviewees
C Interview Guide
D Learning Circle Agenda, Discussion Paper and Participants
E References

EVALUATION OF CANADA'S DRUG STRATEGY

REPORT

PART 1. BACKGROUND

I. HISTORY OF THE CDS PHASE II

Canada's Drug Strategy, Phase II (CDS Phase II) was a five-year interdepartmental initiative approved by Cabinet March 17, 1992. It was intended to reduce the harm to individuals, families, and communities caused by alcohol and other drugs[10]. CDS Phase II built on federal accomplishments achieved under Phase I[11] and incorporated a focus on impaired drivers[12].

CDS Phase II focused on:

- enhancing coordination at national, provincial/territorial and community levels
- improving the knowledge base for making program and policy decisions
- targeting resources to populations at high risk for substance abuse, and
- the provision of supplemental resources for federal substance abuse programs and activities.

Within the CDS Phase II, seven federal departments worked together to co-ordinate their programming in an effort to address substance abuse issues and reduce harm associated with substance abuse. Partner Departments included:

- Health Canada
- Solicitor General Canada, including the Ministry Secretariat, Royal Canadian Mounted Police (RCMP) and Correctional Service of Canada (CSC)
- Revenue Canada, Customs and Excise
- Human Resources Development Canada (HRDC)
- Department of Foreign Affairs and International Trade (DFAIT)
- Department of Justice, and
- Department of Canadian Heritage.

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[10] Drugs addressed under the CDS Phase II include alcohol, legal psychoactive drugs, illegal or controlled substances such as heroin, cocaine, cannabis, hallucinogens, anabolic steroids, and inhalants such as gasoline, glue.

[11] Also referred to as the National Drug Strategy. The CDS Phase II reflected the results of a mid-course review conducted in 1989, in preparation for the July 1990 G-7 Economic Summit, and the results of a National Consultation undertaken in the Spring of 1991.

[12] Previously addressed under the National Program on Impaired Driving which existed alongside CDS Phase I, or the National Drug Strategy.

These federal partners also worked in collaboration with provincial and territorial governments and non-governmental organizations in an effort to reduce the harm associated with substance abuse. We note that departmental responsibilities for CDS Phase II activities shifted somewhat following a government-wide reorganization in 1993.

Overall, the CDS Phase II was designed to create a single system of coordinated action by federal departments addressing substance abuse issues nationally[13]. To this end, Health Canada was responsible for coordinating the Strategy, via the Canada's Drug Strategy Secretariat (CDSS), to enhance and coordinate all three areas of programming: prevention, treatment and rehabilitation, and enforcement and control. Health Canada disbanded the CDSS in the Spring of 1996. The CDS Phase II ended on March 31, 1997. In the last fiscal year of the CDS Phase II, the Office of Alcohol, Drugs and Dependency Issues (OADDI) within Health Canada assumed certain coordination functions in the absence of the CDSS.

A. Balancing Demand and Supply Reduction

Before the introduction of the Canada's Drug Strategy, the federal government had concentrated on stopping the supply of drugs through law enforcement and crime prevention measures, while provincial governments had focused on reducing the demand for drugs through prevention and treatment strategies. As in Phase I, the CDS Phase II represented a continuing effort to balance both demand reduction and supply reduction measures at the national level[14].

B. Stakeholders

Balancing demand and supply reduction required the coordinated efforts of all seven federal partner departments, as well as collaboration between provincial, territorial, and municipal governments, and a wide range of non-governmental stakeholder organizations, Aboriginal organizations, community groups, sports associations, law enforcement associations, other professional organizations, voluntary organizations, and representatives of business and industry.

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[13] Canada's international contribution to addressing drug issues was not funded under the Canada;s Drug Strategy Phase II, although it had been under Phase I. DFAIT pursued an independent International Drug Strategy (IDS) which was the subject of a separate Memorandum to Cabinet. The IDS is not part of this evaluation.

[14] The balance between prevention and enforcement/control shifted from 70%/30% under Phase I to 60%/40% under Phase II. This was due to CDS Phase II funding for the Integrated Anti-Drug Profiteering initiative, which comprised approximately 13% of the total strategy budget.

CDS Phase II officials also played a key role internationally (within the United Nations, and the Organization of American States, among other organizations) in advocating a balanced approach to demand and supply reduction.

C. CDS Phase II Resources

When it was renewed, Canada's Drug Strategy (Phase II) represented a $270 million investment on the part of the federal government, as demonstrated in the following table:

Table 1. Allocation of CDS Phase II Resources

Activity	Annual Resources	Five-Year Totals
Funds for CDS Phase II activities, including new priorities	$25.9 M/year	$129.5 M
Implementation of the Proceeds of Crime legislation; provision of federal employee assistance programming; and maintenance of the Canadian Centre on Substance Abuse	$8.1 M/year (incremental)	$ 40.5 M
Ongoing funding of federal-provincial alcohol and drug treatment and rehabilitation programming, and RCMP drug programming	$20.0 M/year	$100.0 M
	Total Funding	$270.0 M

Since the renewal, however, federal fiscal restraint measures have had an impact on the allocation of departmental resources for activities under CDS Phase II. For example, compared to its original allocation of $109M in 1992/93, the final tally for Health Canada CDS Phase II resources totalled only $77M. In addition, Health Canada was allocated 205 FTEs, but ultimately utilized only 104 FTEs[15].

The table below shows a breakdown of resources by department. We caution that this reconstruction is based on a number of sources[16] of information and has not been independently verified for accuracy.

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[15] Although there is little detailed evidence of how CDS Phase II funds were expended and whether they were subject to budgetary reductions, no other department appears to have sustained the same level and scope of cuts as Health Canada did.

[16] Sources include evaluation reports and interviews.

Table 2. Allocation of CDS Phase II Resources by Department

Department	**CDS Phase II Resources**
Canadian Heritage	$335,000 per year and 1 FTE
Foreign Affairs and International Trade	$300,000 per year
Health Canada	Total of $77M 104 FTEs
Human Resources Development Canada	ADTR: $15.5M per year EAP: $500,000 per year; 1 FTE
Department of Justice	$200,000 per year, used to fund 3 FTEs
Revenue Canada	$3.25M per year, used to fund 66 FTEs
Solicitor General Canada Secretariat	IADPU: Total $920,000; 1 FTE in 1992/93 and 2 FTEs per year thereafter Other activities: $400,000 per year: 2 FTEs
Solicitor General Canada RCMP	Total of $4.5M and 82 FTEs
Solicitor General Canada Correctional Services	$300,000 per year

Strategies like the CDS Phase II are created to focus attention on an issue that cuts across departmental and sector boundaries, and to allow departments to carry out activities they would not otherwise have the resources for. Departments appear to have followed two approaches in applying those resources, namely, they:

- created special new programs/activities addressing the issue

  Such programs/activities reflected the specific objectives of a Strategy, and utilize resources in a very focussed manner. The disadvantage of this approach is that, at the end of a Strategy, the resources may be discontinued and the department may lose the accumulated knowledge and experience vested in the staff involved.

- assigned additional resources to existing programs

  This approach had the advantage of capitalizing on existing expertise and enabled a department to quickly initiate new activities. The weakness in this approach is that it is possible that new resources may fund activities with a lower priority. That is, the high priority activities would have been carried out regardless of the provision of additional resources, as part of normal operations.

D. CDS Phase II Objectives

As part of the development of the evaluation for the CDS Phase II, three orders of objectives were established by the Evaluation Working Group (EWG), in consultation with the Program Working Group. The primary or overall objective of the CDS Phase II was:

- to make Canada's alcohol and other drug interventions more effective at reducing harm to individuals, families, and communities caused by problem alcohol and other drug use.

Reducing harm was described as a broad concept which encompasses the physical, psychological, economic and social aspects of harm, including violence, emotional distress, financial loss, and criminal behaviour. This overall objective was derived from the Memorandum to Cabinet, the Treasury Board submission, and discussions with the Canada's Drug Strategy Secretariat.

The second and third order CDS Phase II objectives articulated how the primary objective was to be achieved, through:

- improved program targeting through a focus on high risk populations
- improved coordination and collaboration across federal departments and with external partners (i.e. provincial and territorial governments, non-government organizations, etc)
- improved information base on substance abuse related issues, to assist policy-makers, program developers, researchers, professionals, and others concerned with substance abuse issues in addressing this problem, and
- enhanced resources that would enable departments to continue certain on-going activities and redirect attention to emerging issues or new activities.

E. Departmental Activities

The seven federal partners of CDS Phase II were all involved in the primary objective of harm reduction. Each department managed a wide range of programs and services directed at demand side and/or supply side harm reduction. As well, each department's CDS Phase II-sponsored programs and activities included specific goals and objectives. As stated earlier, a wide variety of stakeholders were involved; because of the interconnectedness of various aspects of the substance abuse issue, all departments shared an interest in the broad stakeholder community.

The table below summarizes the main focus of each department's programming under CDS Phase II.

Table 3. Departmental Programming

Department	Demand Reduction	Supply Reduction
Canadian Heritage	✓	✓
DFAIT	✓	✓
Health Canada	✓	✓
Human Resources Development Canada	✓	
Department of Justice		✓
Revenue Canada		✓
Solicitor General Canada (Secretariat, RCMP, CSC)	✓	✓

The broad contours of each department's CDS Phase II objectives and activities are summarized in Annex A.

II. EVALUATION GOAL AND OBJECTIVES

The overall goal of this evaluation is to report to Treasury Board Secretariat on the effectiveness of CDS Phase II as an interdepartmental strategy to address substance abuse issues. Specifically, the objectives were to capture:

- in summary format, what was collectively achieved under the CDS Phase II, in terms of improved targeting, coordination, information base and resource enhancements
- the "value-added" by undertaking the CDS Phase II as an interdepartmental strategy versus independent modes of action
- lessons learned for the design, delivery, management and evaluation of multi-departmental initiatives generally
- lessons learned for the future management of national programs addressing substance abuse issues, and
- where possible, summarize the CDS Phase II's effectiveness in reducing harm associated with substance abuse, as evidenced in departmental evaluation report findings.

III. METHODOLOGY

A. Overview

The departmental evaluation reports[17] and interviews[18] with evaluators and program managers, and with staff of the Treasury Board Secretariat, were the key sources of information for this evaluation. In addition we reviewed the available minutes of interdepartmental mechanisms, i.e. the Assistant Deputy Ministers' (ADM) Steering Committee, the Interdepartmental Working Group (IWG), from June 1996 to February 1997, and draft documents related to national planning on substance abuse issues[19].

We held a Learning Circle, which brought together program managers from most of the partner departments to discuss issues and lessons learned related to the strategic interdepartmental coordination of the CDS Phase II. Appendix D contains the agenda for the Learning Circle, the Discussion Paper which was circulated, and a list of participants.

B. Limitations

There are final evaluation reports for activities carried out by Health Canada, Solicitor General Canada (including the Secretariat[20], the RCMP, and the Correctional Service of Canada), Foreign Affairs and International Trade, Revenue Canada, and the Employee Assistance Program of Human Resources Development Canada). A final evaluation of the Alcohol and Drug Treatment Rehabilitation Program (HRDC) has not been conducted. There are no final evaluations of the activities of the Department of Justice and the Department of Canadian Heritage[21]. Most of the final evaluation reports address issues related to departmental achievements. Not all final evaluations address issues related to interdepartmental coordination and to resource enhancement, although many mid-term reviews address issues related to these topics.

Where possible, we have supplemented information contained in the departmental reports with that available from our interviews, and from the Learning Circle.

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[17] A list of all documents reviewed is provided in Appendix E.

[18] See Appendix B for a list of interviewees, and Appendix C for a copy of the interview guide.

[19] This evaluation, however, concentrates on the Canada's Drug Strategy, and not planning activities related to the post-CDS period.

[20] In addition, the Secretariat was responsible for conducting annual evaluations of the IADPUs. These detailed evaluation reports were not available to our evaluation team, although summary results were provided in the Secretariat's final evaluation of the CDS Phase II.

[21] Departmental officials noted that the resources provided to these departments via the CDS were relatively small, and therefore did not warrant separate evaluation studies.

PART 2. FINDINGS AND CONCLUSIONS

I. ACHIEVEMENTS OF THE CDS PHASE II

A. Summary of Achievements

Given the nature of the problem of substance abuse, it is to be expected that measurable change would not be effected in the five years of Phase II of the Strategy. Consequently, the achievements examined in this evaluation relate primarily to the third order objectives of the Strategy, on the assumption that successful implementation in those areas could reasonably be expected to enhance programming, which in turn would have a positive impact on substance abuse in the longer term. A detailed account of departmental achievements is provided in Annex A. Below, we provide a summary of key achievements.

1. Targeting

Targeting programming to populations at high risk of substance abuse was a key focus of the CDS Phase II.

The concept of population targeting was interpreted differently by departments, depending on the nature of the programs affected. Health Canada's prevention programming focussed squarely on high risk populations, namely out-of-the mainstream youth, women, seniors, Aboriginal peoples and impaired drivers. DFAIT targeted a broader range of travellers (particularly youth and seniors). The Department of Canadian Heritage focused on testing athletes involved in high risk sports (e.g. junior football, weightlifting), and also undertook prevention activities with younger age groups.

Departments focussing on enforcement and control focussed on criminal activity associated with the drug trade. For example, Revenue Canada used CDS Phase II funds to purchase new technology to carry out non-intrusive examinations of shipping containers, which in turn permitted a more focussed use of human resources on targeted suspect containers. Departments and agencies participating in the IADPU activity focussed on seizures, forfeitures and prosecutions. Correctional Service of Canada used CDS Phase II funds to further substance abuse treatment program development, to assist federal offenders in the rehabilitative process. Human Resources Development Canada's employee assistance program focused on employees within the federally regulated sector.

There is general agreement that the targeting of efforts resulted in a more efficient and effective use of resources, although there is little concrete evidence in departmental evaluation reports. This lack of evidence is partly due to the fact that there was no baseline data collected, against which outcome-oriented results might be measured.

An exception to this is the case of the IADP Initiative, which targeted the upper echelons of organized crime groups, and doubled the value of seizures and forfeitures from the pre-1992 period. Another exception to this is the case of Correctional Services Canada which has undertaken research to evaluate the effectiveness of various treatment programs targeted (at various levels of intensity) to federal offenders[22].

Conclusion: Targeting was implemented in all participating departments, with justifiable variation according to their respective mandates.

2. Coordination and Cooperation

Enhanced coordination and cooperation was expected to result in a more efficient use of resources, an avoidance of duplication of effort, complementary efforts, enhanced understanding between supply reduction and demand reduction sectors, and sharing of best practices.

Coordination achievements are described below. Coordination as an issue related to the effectiveness of interdepartmental strategies, is considered at length under Part 2.II.

Departmental Coordination and Cooperation

Departments were most successful in coordinating their own departmental programs, with evidence of coordination within the departments, with other levels of government and with their constituents in non-government organizations and local communities. Some limitations on coordination at the provincial/territorial and community levels were noted within Health Canada, due to the dismantling of various structures that address substance abuse within some provinces. Some departments (e.g. Correctional Services Canada) developed mandate-specific strategies to better coordinate efforts.

These examples of successful coordination/cooperation have in common that they were created to accomplish a specific task.

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[22] At the same time, it must be recognized that CDS Phase II resources represent only 6% of its substance abuse programming budget.

Interdepartmental Coordination and Cooperation

The main coordination mechanisms for the CDS Phase II as a whole included the CDSS[23] and the interdepartmental coordination committee mechanisms: the CDS Interdepartmental Working Group and the Assistant Deputy Ministers' Steering Committee.

The concept of a coordinated approach to the whole issue of substance abuse, which would be evidenced by on-going coordinated strategic planning, was not translated into reality. While the Memorandum to Cabinet and the Treasury Board Submission provided a direction for the strategy, clear coordination goals, especially related to the role of the Canada's Drug Strategy Secretariat were not defined. Nor does it appear that departments involved could agree on coordination goals in the early stages of the CDS Phase II, or on the role of the CDSS. The CDSS attempted to address this issue through bilateral consultations, however this effort was not successful. Consequently, the CDSS could not, and did not play the high level coordination role that might have been expected of such an entity.

There is little evidence of on-going, interdepartmental strategic planning occurring throughout the life of the Strategy. For example, aside from task-specific ventures, departments and agencies developed and implemented their specific plans independent of each other e.g. Solicitor General Canada Secretariat re-profiled its prevention resources to international activities. While this re-profiling was still consistent with the overall intent of the CDS Phase II, the point is that the decision was made at the SGC level. Concerns about the lack of coordination were raised in the interdepartmental mid-term review, and in some departmental mid-term reviews.

The ADMs' Steering Committee, for example, met very infrequently, particularly during the mid to latter stages of the Initiative[24]. The Interdepartmental Committee also experienced a lack of "buy in" throughout the course of Phase II. Officials interviewed for this evaluation indicated that coordination and cooperation that did occur was a result of informal networking, rather than through committee meeting agendas. A high turnover in players at senior level committees also contributed to problems of continuity, and the practice of delegating less senior departmental officials to attend ADMs' Steering Committee meetings also was seen to hamper strategic-level decision-making.

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[23] The TB Submission indicated that the CDSS was to provide coordination within and across departments. CDSS was to liaise with federal and private partners; be the main point of information exchange for CDS partners; support CDS symposia, etc; represent the federal government on substance abuse; provide policy advice; obtain consensus on goals, objectives measurement for evaluation; and support CDS committees.

[24] The ADMs' Steering Committee appears to have met on the following dates: December, 1994; June 1996; November 1996; and, February 1997.

We note that interdepartmental strategic planning began to recur when efforts to develop a national plan to guide substance abuse activities in the post CDS Phase II phase were initiated by the ADMs' Steering Committee in June 1996.

The Communications Working Committee appears to have ceased to exist as of April 1996. Officials noted that it was inactive for much of the life of the CDS Phase II.

However, some task-specific ventures, notably the Integrated Anti-Drug Profiteering Units (IADPU), which brought together representatives of the RCMP, Department of Justice, Revenue Canada, and the Solicitor General Canada Secretariat, have been described as very successful[25].

There were also instances of representatives of several departments sitting on advisory committees overseeing specific joint projects, for example on issues related to youth at risk.

There were transfers of funds to DFAIT to allow that department to fulfil its international responsibilities. It should be noted, however, that the lack of information sharing amongst departments is perceived to have resulted in lost opportunities for some departments to use funds lapsed by others.

International Visibility

Overall, the existence of the CDS Phase II has enhanced Canada's reputation in international fora by providing other countries with a model of a balanced supply/demand reduction strategy, and by providing source/transit countries with technical expertise and training in enforcement and control matters.

We note, however, that much of the early and mid-stage of CDS Phase II was characterized by confusion and lack of clarity concerning the roles and responsibilities of the CDSS and DFAIT in the international area. At "home", relationships between the CDSS and its federal partners on international coordination appear to have been strained, with many partners of the opinion that the CDSS should have concentrated more on domestic issues than it did on international issues. The issue of role definition was formally raised in the DFAIT Mid-term Review but appears to have lost relevancy with the disbandment of the CDSS. Funding of international coordination, however, appears to have remained an issue throughout the CDS Phase II[26].

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[25] The success of the IADPU initiative has led the departments involved to cooperate on the establishment of the Drug Law Enforcement and Control Strategy, which was recently approved by Cabinet.

[26] CDS Phase II redirected the $1 million Health Canada contribution from the United Nations Drug Control Program (UNDCP) to domestic prevention activities. DFAIT resources for the subsequent, and parallel International Drug Strategy were significantly cut during the course of the CDS Phase II. Solicitor General Canada's Ministry Secretariat re-profiled its prevention resources in line with its policy direction and

Despite these on-going tensions, we note that the Department of Foreign Affairs and International Trade created an interdepartmental committee which included representatives from National Defence, Solicitor General Canada (Secretariat and RCMP), Revenue Canada, CIDA, Health Canada, Justice, Privy Council Office and from DFAIT.[27] Many of the departmental representatives sitting on this committee were the same individuals with CDS Phase II responsibilities in their departments. This has helped to ensure that Canada presented a coherent position in international fora, and that international aspects were considered where appropriate in departmental activities, although the Committee functioned outside the CDS Phase II arena.

National Visibility

There are advantages to having national visibility for a strategy such as the CDS Phase II, if that visibility gives status and prominence to the issue, and increases the willingness and commitment of government and its partners to assume ownership, become involved and take action. In that sense, national visibility would contribute to the achievement of the objectives because it helps to establish a priority focus and build momentum[28].

It does not appear that the CDS Phase II had recognized visibility as a national strategy. In part this may be attributed to factors such as:

- until the CCSA study on the costs of substance abuse indicated the scope of the problem in Canada, the issue was not recognized as the problem it is
- to date, a formal harm reduction policy has not been publicly articulated, and
- as noted in the Health Canada final evaluation, the CDS Phase II was not recognized as a strategy by some partners and stakeholders (in some cases, perceptions of the CDS Phase II were blurred with those of related strategies such as the Tobacco Demand Reduction Strategy).

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to meet its international obligations.

[27] The international activities of DFAIT were not funded by the CDS Phase II. Because of the interrelationship between these activities and those of the CDS Phase II, DFAIT's role in international coordination was addressed in the department's evaluation.

[28] This would also help to distinguish the Canadian strategy from other approaches, such as the U.S. "War on Drugs".

Conclusion: **Interdepartmental coordination at the working level and for task-specific initiatives was effective. Interdepartmental coordination at the strategic planning level was identified as a concern over the course of the CDS Phase II, however it does not appear that this issue was resolved.**

There was confusion in roles and responsibilities regarding international issues, which receded as an issue with the dissolution of the CDSS. Funding for international activities remained a concern throughout the CDS Phase II.

The CDS Phase II did not have national visibility at either political or public levels.

3. Information Enhancement

The CDS Phase II was successful in broadening the information base related to substance abuse, and making it more accessible. Some examples of useful projects cited were the *Costs of Substance Abuse* study by the Canadian Centre on Substance Abuse (CCSA), the *Canada's Alcohol and Other Drugs Survey*, and the *Canadian Community Epidemiology Network on Drug Use*. In addition, the initiative of the CCSA to make information available via the World Wide Web is seen as a particularly useful innovation.

Conclusion: **The information available in Canada on the issue of substance abuse has increased as a result of CDS Phase II funding.**

4. Resource Enhancement

The history of resource allocations under the CDS Phase II is unclear. Resources originally approved were almost immediately reduced, and continued to be reduced over the course of the Strategy. Annex A provides some financial information related to individual departments that was contained in final evaluation reports, however it does not provide a full picture of actual expenditures. It was beyond the scope of this evaluation to reconstruct a definitive picture of allocations and expenditures.

There is no question but that the budget cuts had an impact on the implementation of the CDS Phase II in line with original plans. Health Canada experienced the most significant cuts, and, since these took place in the final years of the Strategy, the results of research and pilot projects undertaken in the early years could not always translate into changes to programs.

Although final budget and expenditure figures are not available for the whole of the CDS Phase II, we may conclude that:

Conclusion: **Departmental resources were increased through the CDS Phase II, but not to the extent originally envisaged. An evaluation of the achievements of the CDS Phase II must be tempered by this fact.**

5. Contribution to Harm Reduction

The Memorandum to Cabinet indicated that the goal of the CDS Phase II was to reduce the harm to individuals, families, and communities caused by problem alcohol and other drug use. The definition of "harm" and the ways harm reduction would be measured were not specified in the Treasury Board (TB) submission. In developing the CDS Phase II evaluation framework, the Evaluation Working Group and the Program Working Group adopted "more effective harm reduction" as a first order objective of the CDS Phase II, noting that there are physical, psychological, economic and societal dimensions to harm. At a practical level, each department made its own assumptions, in relation to its mandate, and proceeded accordingly. A discussion paper on harm reduction was circulated during the CDS Phase II, but a formal, articulated policy on harm reduction, was not developed.[29].

No department developed harm reduction-related performance indicators or reported on how its CDS Phase II programs and activities have contributed to harm reduction. We can say that it appears that all activities undertaken were consistent with a harm reduction approach, and it can therefore be assumed that where departments accomplished tasks, they also contributed to harm reduction in some way.

Conclusion: **CDS Phase II resources were used in a manner consistent with a harm reduction approach, although a formal harm reduction policy was not in place during the course of the strategy.**

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[29] We note that recent planning documents for the National Plan on Substance Abuse address Canada's approach to substance abuse, within the context of harm reduction. As noted previously, this current study does not include an evaluation of the post-CDS planning process.

II. INTERDEPARTMENTAL COORDINATION AND THE HORIZONTAL APPROACH TO ISSUES SUCH AS SUBSTANCE ABUSE

Increasingly, governments at all levels are pursuing an integrated and collaborative approach to policy and program development. Addressing issues horizontally[30] helps government to:

- develop a collective sense of direction and responsibility to respond to a particular issue by working on common priorities
- generate new knowledge, and draw on diverse perspectives
- identify and respond to unnecessary gaps, reduce duplication, and enhance complementarity of activities
- work more effectively and efficiently in an era of fiscal restraint, and thereby
- improve policy and programs.

In her 1997 report to the Prime Minister on the Public Service, the Clerk of the Privy Council states that "one of the principal difficulties to be overcome [for more effective service delivery] is the vertical stovepipes that divide government activities into separate domains of service delivery that do not reflect the interconnectedness of the real world."[31]

Interdepartmental strategies, with their horizontal attack on specific problems, are one example of attempts to overcome these stovepipes. At the federal level, there is well over a decade of experience in using interdepartmental strategies to address interdisciplinary and intersectoral social, health and justice issues (e.g. family violence, aging and seniors issues, child development, crime prevention as well as substance abuse). Through this evaluation, we have attempted to examine the value of interdepartmental collaboration, and its usefulness as a tool in managing an issue such as substance abuse[32].

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[30] i.e. bringing together the activities of two or more federal departments.

[31] Fourth Annual Report to The Prime Minister on The Public Service of Canada, Part IV. Privy Council Office. 1997

[32] We attempted to seek input from key informants on the most important lessons learned from the experience of CDS Phase II for the design, management & delivery, and evaluation of *future* substance abuse strategies, as well as for interdepartmental strategies as a whole. The lessons learned were synonymous and therefore this discussion may apply more widely to the management of other issues of societal importance with cross-departmental/sectoral impacts.

A. Expected Benefits of the Horizontal Approach

There is wide acceptance among federal players that working horizontally is central to making progress on an issue as complex as substance abuse. The expected benefits of working together horizontally are described below.

1. Creates a Balanced, Strategic Approach

One of the main reasons for choosing a horizontal approach to a problem is that there may be many facets to the problem, facets that would normally be part of the mandates of different departments. Aging and seniors issues, for instance, include questions of health, housing, transportation, and safety (among others). Similarly, the substance abuse issue may be attacked on multiple fronts: reducing the supply of illegal or controlled substances through enforcement and control mechanisms, and reducing the demand for substances through mechanisms such as various levels and intensities of prevention and treatment. The CDS Phase II attempted to maintain a balance between those two approaches, by allocating 60% of funds to demand reduction, and 40% to supply reduction.

The participation of departments involved in both supply reduction and demand reduction approaches provided the opportunity for one to appreciate the concerns and priorities of the other. Through time, trust and openness have developed on both the prevention and enforcement sides, and a level of understanding has emerged that is allowing all parties to work through some contentious issues (such as needle exchange programs) to arrive at workable solutions and approaches. Building this level of understanding and trust contributes to the strategic balance.

2. Improves strategic planning

Involving the several departments with an interest in an issue in strategic planning around that issue helps to ensure that priorities are similar or at least compatible. Individual departments can then plan their programs and resource allocations to ensure minimal overlap and maximum cooperation with other departments.

In the case of the CDS Phase II strategic planning for the CDS Phase II was not undertaken interdepartmentally (except in the development of the Memorandum to Cabinet). A horizontal approach could further improve strategic planning if it is conceived and applied as a dynamic process throughout the life of the initiative, because it would enable better flexibility in responding to new or emerging priorities.

3. Results in better coordinated activities

A related benefit of a horizontal approach is the expectation that improved interdepartmental planning will yield tangible outcomes, e.g. better coordinated activities. This in turn might be expected to lead to economies of scale and the elimination of duplication of efforts.

In the case of the CDS Phase II, this was realized in a very concrete way at the task-specific level. The IADPUs for example, resulted in significant annual increases in the number and value of assets seized (in the first four years of the initiative, $87.2M in new seizures were made), the size of criminal organizations disrupted, and the value of assets ordered forfeited by the courts (in first four years, $25.04M was forfeited)[33].

B. Lessons Learned: Conditions for Successful Implementation

It is widely-accepted that interdepartmental collaboration and coordination on substance abuse issues is valuable and necessary in the current federal environment. Experience with the CDS Phase II has revealed a number of components that are key, namely:

- a conducive, federal-wide organizational culture
- effective leadership
- a common vision
- sequenced planning and implementation
- senior management commitment
- a focus on concrete products and outcomes
- effective management structures and processes
- accountability.

1. A conducive, federal-wide organizational culture

It is generally acknowledged that a federal-wide cultural change is required if departments are to work more effectively together. Traditionally, departments have been protective of their "turf" and this, coupled with the hierarchical and compartmentalized nature of government organization, has made it difficult for managers to recognize and realize the benefits of working with other departments. The realities of fiscal restraints now make it imperative to maximize the efficiency of operations across the government. This requires a change in organizational values to appreciate the broader perspective of government (not just the departmental mandate) and a willingness to offer expertise, information, and experience to others even though the "returns" may not be immediate.

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[33] This compares to $44.7M in seizures and $4.9M in forfeitures for the four-year period prior to the IADPU.

The CDS Phase II has shown that this organizational shift can be achieved at policy and program levels. For example, at the policy level, there appears to be a better understanding that prevention and treatment, enforcement and control should work hand-in-hand. The vast majority of national managers interviewed for this evaluation clearly endorse a balanced, coordinated policy on substance abuse issues.

At the program level, the IADPU is an example of the benefits of this shift. The factors that contributed to the IADPU's success as a collaborative venture are considered to be that:

- departments were explicitly mandated to work together,
- their roles were formally designated,
- responsibilities were clear and accepted at the working level, and
- problem-solving and on-going evaluation/monitoring of efforts were part of the regular course of business.

2. Effective Leadership

The experience of planning for the post-CDS Phase II has also demonstrated that, with the proper leadership, working interdepartmentally can lead to networking opportunities, increased knowledge and more effective planning. Good leadership encompasses many factors, but among the most important are the credibility and legitimacy of the leader, and the willingness of others to be led. From the design of the CDS Phase II, one would have expected the CDSS to play a leadership role. However, there was unwillingness on the part of departments to accept that was a proper role of the CDSS. Several factors contributed to the situation, namely,

- the roles and responsibilities of the CDSS were not clearly defined in the TB Submission
- the location of the CDSS at a relatively low organizational level within Health Canada meant that it was seen as an integral part of Health Canada and one with limited power
- a sense among partner departments that the CDSS's emphasis on international activities was too heavy, and therefore inappropriate to their domestic needs, and
- periodic reductions in its budget reinforced the view of the CDSS as an expendable unit.

Following the elimination of the CDSS, the Interdepartmental Working Group was re-generated and it is generally acknowledged that the effective leadership of the Office of Alcohol, Drugs and Dependency Issues (OADDI) within Health Canada has been a significant factor in the willingness of departments to participate and the subsequent effectiveness of the group.

The qualities associated with effective leadership include:

- an ability to "take the reins", that is, developing task-driven agendas, chairing efficiently-run meetings, writing and sharing minutes, ensuring the development of working papers, and delegating responsibilities to working group members as appropriate
- practicing an open, inclusive leadership style which embraces and models the values of honesty, flexibility, willingness to listen and learn, the capacity to trust and share with others, and the willingness to promote collective ownership of the issue, take risks and not protect "turf".

3. A common vision

A common vision and set of objectives is a fundamental requisite. Achieving a common vision requires participating departments to develop an understanding of the perspectives of other sectors so that they can "place" their departments' activities within that broader context and maximize their opportunities to work horizontally. It does not mean that there has to be complete agreement on all matters related to the central issue.

It should be expected that the common vision will continue to evolve over the course of the strategy. In the case of the CDS Phase II, there was a sense of common vision (a harm reduction approach), even though a formally articulated policy was not in place over the course of the strategy. It should be noted that the activities of some departments were closely aligned to the "common vision" while others were more peripherally involved. Some departments and agencies (e.g. HRDC/EAP, and Correctional Service of Canada) pursued relatively independent modes of action (in these cases, largely because of their unique client bases). Some independence should be expected, as should justifiable differences in degrees of adherence to the common vision, depending on departmental mandates. It is difficult to assess whether a closer alignment of independent activities with the strategy would have added value, or resulted in different outcomes.

In the past, it has been common for special initiatives/strategies to be developed rapidly, in response to issues of societal importance (e.g. family violence, substance abuse). Consequently, strategic and implementation plans are often non-existent at the outset of the strategy, and the first year is spent in developing appropriate strategies and plans. Managers point out that, until special funds are in fact allocated, they do not always have the resources to devote to such planning exercises.

4. Sequenced Planning and Implementation

The first year of a strategy is usually consumed with planning, and putting in place the implementation mechanisms required. But, funds are usually earmarked for program expenditure during that first year, funds that often lapse because programs are not ready for them. It has therefore been suggested that the funding profile of special initiatives/strategies include lower funding levels in the first year, with provision for higher levels in subsequent years. This will require a willingness on the part of the authors of MCs and TB Submissions to acknowledge that they cannot immediately take advantage of increased funding, and a recognition on the part of decision-makers that proper planning is worth the time. Had year one of the CDS Phase II been conceived as primarily an implementation planning year[34], it is possible that some of the issues which later became problematic could have been addressed, e.g.

- an agreed-upon definition of harm reduction
- clear and measurable objectives
- clear coordination goals, and related roles and responsibilities, and
- articulated roles and responsibilities, including those related to international involvement.

5. Senior Management Commitment

Senior management in a department must be committed to an interdepartmental approach, and must communicate that commitment to the working level. Commitment will also translate into active participation, including: a willingness to sit on Steering Committees, make strategic decisions from the horizontal perspective, and protect appropriate dedicated resources during budget cutting exercises.

In the case of the CDS Phase II, very few ADMs regularly attended the meetings of the ADMs' Steering Committee. Not only were ADMs represented by their delegates, but those delegates themselves were sometimes different from one meeting to the next. In many instances, the delegates were also members of the Interdepartmental Working Group. In addition, the lack of regular meetings seemed to signal a lack of commitment to the CDS Phase II as an interdepartmental effort.

It is believed that CDS Phase II as a strategy would have benefitted from more consistent and regular senior-level management participation in the ADMs' Steering Committee.

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[34] This would not preclude the ability to fund certain projects e.g. those that were a continuation of activities under Phase I, or in a state of readiness.

6. A focus on tangible products and/or outcomes

From the interdepartmental perspective, the CDS Phase II seemed to function most effectively at the task-specific level. This underscores the importance of focussing on concrete projects or tasks, which have relevancy and purpose. Interdepartmental coordination for information-sharing purposes alone (while an important activity) is not enough[35].

This focus should be evident at all levels of the strategy (from policy development and strategic planning through to project-level activities).

7. Effective management structures

Structures for the effective management of a horizontal issue like substance abuse include:

- an active, interdepartmental senior-level management structure that is empowered to make decisions on the issue as a whole, and refine, modify, or adjust the strategy to address the issue
- a coordinating body with a well-defined mandate and recognized authority to carry out a management role interdepartmentally, and
- an active, interdepartmental working-level structure that is responsible for assessing current conditions, identifying potential opportunities for coordination and seizing opportunities for action.

It has been suggested that the function of overseeing the implementation of a Strategy like the CDS Phase II could be formally vested in an entity that would:

- report to a Minister or the Prime Minister
- have the authority to coordinate the development of interdepartmental plans on the issue
- have the authority to collect financial information
- have the authority to direct the reallocation of lapsed funds to other areas, and
- manage coordination activities, especially strategic planning.

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[35] If information-sharing is the exclusive objective, then there are other mechanisms (including those available through new information technologies) which may be used that do not require a coordinating structure or process.

It is also proposed that such a body should not be an integral part of one of the partner departments, as it would then be in a potential, or perceived, conflict of interest position[36].

8. Effective coordination, planning, and monitoring processes

Effective coordination is essential for the successful implementation of a horizontal approach. The main lesson learned from the experience of the CDS Phase II is that there are no guarantees coordination will "just happen". It must be planned, defined and agreed to by all parties at the outset, an effective leader must be assigned responsibility for it and given the authority to see that it occurs, and departments must "buy-in" to and participate in the process.

Processes for the effective management of a horizontal issue like substance abuse include:

- on-going, interdepartmental strategic planning - this is a dynamic function, and in the course of a five-year strategy such as the CDS Phase II, it is reasonable to assume that interdepartmental coordination of plans should occur, be timely (not after the fact), and on-going throughout the course of the strategy.

- establishing authority to collectively allocate resources so that opportunities are maximized - currently this is a significant barrier to the horizontal approach. Although it is well-recognized that it is in the federal government's interest to have the flexibility to quickly and easily reallocate and re-balance resources to respond to changing realities and priorities, there are legislative and procedural barriers to vesting this authority outside the departmental level.

- recognition that coordination is an important function, and assigning resources accordingly - officials must have the time to devote to coordination tasks (preparing/reviewing documents, consulting relevant parties, attending meetings and other types of networking, etc.). In addition, they need adequate administrative and financial resources to facilitate coordination.

- involving program managers in on-going monitoring - national program managers have suggested that an annual review process would be more beneficial than the present practice of a mid-term review[37]. The annual reviews

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[36] Possible reporting models suggested at the Learning Circle include those entities which address substance abuse issues in Australia, and in the United States. An entity like the National Crime Prevention Council, which reports to the Minister of Justice, was suggested as another possible model.

[37] The mid-term review process was not effective in addressing process/implementation issues associated with the CDS Phase II because of various factors, including the fact that the review was

> would not be just a "paper" exercise reporting on achievements to date. Rather it would include a formal meeting that would focus on issue-wide problem identification and resolution and have implications at the strategic level, rather than just responding to the requirements of program reporting and evaluation.

Financial management and resource issues are of particular concern from a monitoring perspective. As noted previously, because no organization undertook to monitor departments' CDS Phase II expenditures against budgets, there is no definitive information available for the whole Strategy. In addition, resources allocated to departments were often rolled into program budgets, and separate reporting was not implemented in all departments.

Individual managers recognize the value of monitoring the utilization of their own resources, but are more reluctant to report to outside agencies (such as the CDSS). However, it is in the overall interest of government to ensure, on an on-going basis, that funds allocated for special purposes are in fact being used appropriately.

Another issue relates to the practice of assigning additional resources to existing programs through strategies. While this approach has the advantage of capitalizing on existing expertise and enables a department to quickly initiate new, specialized or one-off activities, there are risks such as:

- strategy resources may fund activities with a lower departmental priority, and
- dependence on "strategy" resources to fund activities which should be associated with normal operations may be created.

9. Accountability framework

A common thread evident in many of the comments made elsewhere in this report is the need for all partners to be clear on their respective roles and responsibilities. The lack of such clarity resulted in relatively weak coordination, lapsed funds and inadequate monitoring. All of these issues would have been mitigated by the existence of an accountability framework to identify roles and responsibilities, and the mechanisms for tracking expenditures and achievements.

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perceived by program managers to have commenced "too early" in the strategy and the results received "too late" for corrective action. The annual reporting process for the IADPU, which contributed to identifying and resolving problems early on, and to the formal evaluation process appears to have been more effective.

A well-defined accountability framework, with clearly articulated objectives at all levels, reasonable[38] performance indicators and data collection plans, financial planning and reporting mechanisms for reallocating resources if required to take advantage of opportunities, or to discontinue less effective efforts, should be developed as a priority in the first year of a new strategy.

10. Evaluation framework

The development of an evaluation framework, as part of the accountability framework, would also be a key priority in the first year of a new strategy.

In the case of the CDS Phase II, the development of an evaluation framework began early on in the course of the Strategy. This framework included an articulation of the objectives of the Strategy, and performance indicators. However, it was developed too late to be of practical benefit to program managers, in that, in the absence of performance indicators, data collection needs were not identified at the outset, and a baseline of data was not created.

As mentioned earlier, program managers advocate a timely annual reporting/review process with a focus on problem-solving and corrective action. Such a process also has advantages from an evaluation point of view, as it would facilitate the compilation of data for formal evaluations. It may also obviate the need for mid-term reviews, which would in fact be on-going[39].

It should be noted that, although original resource allocation specified that evaluations were to be funded from the allocations to individual departments, most departments did not segregate those funds. As a result, the evaluation process was perceived as a burden rather than beneficial by most departments[40].

III. CONCLUSION

A horizontal approach to issues of societal importance like substance abuse has potential benefits, including: the potential to realize a balanced, strategic approach, improved strategic planning and management of an issue, and better coordinated activities which can yield tangible results and better impacts. In the CDS Phase II, some of these benefits were realized. Canada continues to balance a supply and demand approach, and there are task-specific examples of how better coordination made supply and demand reduction more efficient and effective. The lack of interdepartmental coordination and strategic planning remained a weakness throughout the life of the CDS Phase II.

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[38] Reasonable in the sense that data can be collected at an affordable cost, and that results can be attributed to program activities.

[39] Solicitor General Canada Secretariat noted that the mid-term review did have merit, in that it provided summary evidence of the progress of the IADP, and thus helped to achieve a positive result for the further funding of integrated proceeds of crime units (IPOC).

[40] According to Treasury Board Secretariat (TBS) officials, this issue has now been addressed as TBS now specifies budgeted funds for review out of the total budget allocations.

The use of a horizontal approach to addressing complex societal issues such as substance abuse has considerable merit. Lessons learned from the CDS Phase II suggest that the conditions for successful implementation will require: further changes to the federal-wide organizational culture, effective management structures and processes which can maximize the benefits of working horizontally, and an on-going focus on accountability.

ANNEX A

SUMMARY OF DEPARTMENTAL ACHIEVEMENTS UNDER CDS PHASE II

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SUMMARY OF DEPARTMENTAL ACHIEVEMENTS UNDER CDS PHASE II

CDS Phase II focussed on four areas that were intended to have a positive impact on federal programs, with the intention of reducing the harm resulting from substance abuse in Canada. These areas were

- targeting
- coordination
- information enhancement, and
- resource enhancement.

The achievements of each department in those four areas are summarized below (in alphabetical order by department). The type and amount of information presented varies because some departments did not carry out final evaluations of their activities funded under the CDS Phase II. In the latter cases, the information presented is based on interviews with program officials and the departmental mid-term reviews.

The table below shows the documents that were available for our review. The reader is referred to the individual reports for detailed departmental information. This annex summarizes those achievements which are relevant from an interdepartmental point of view, or which were highlighted in reports or interviews. Appendix B lists the people interviewed in the course of this evaluation.

Table 1 - Departmental Evaluation Documents Provided for Review

Department	Mid-term Review	Final Evaluation	Other
Canadian Heritage	✓		
Foreign Affairs and International Trade	✓	✓	
Health Canada	✓	✓	
Human Resource Development Canada	✓ (ADTR & EAP)	✓ (EAP)	
Justice			Annual Report[41]
Revenue Canada	✓	✓	
Solicitor General - Correctional Service of Canada	✓	✓	
Solicitor General Canada - RCMP	✓	✓	
Solicitor General Canada - Secretariat	✓	✓	

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[41] Department of Justice officials indicated that the department prepared CDS reports annually; the most current available report (1995/96) was provided for review in this evaluation.

Summary of Achievements

The documents reviewed indicate that CDS Phase II was carried out in accordance with the overall goals and objectives stipulated in the Memorandum to Cabinet, with some shifts to accommodate Canada's international obligations and commitments related to drug issues.

We note that most of the information related to achievements in improved targeting, coordination, and information base improvements is anecdotal in nature.

With respect to resource enhancements, it appears that CDS Phase II resources were spent in accordance with the Memorandum to Cabinet. Most departments, however, have not provided any detail on a) funds actually expended and b) whether Departmental CDS Phase II resources (including FTEs) were the subject of budget cuts (and if so, how this has impacted on CDS Phase II achievements).

Value-Added by Undertaking CDS Phase II as an Interdepartmental Strategy

Reports seem to support the idea that an interdepartmental approach to drug issues can represent value-added. This is most evident at very task-specific levels (e.g. IADPUs) which featured coordination, cooperation and partnership-building. There is also support for an interdepartmental approach to international drug-related issues (as evidenced for example, by a call for better integration of international and domestic approaches within the strategy). Some departments appear to have undertaken relatively independent modes of action (e.g. HRDC's EAP program, CSC's National Drug Strategy).

Mid-term reviews identified a number of issues and concerns associated with strategic coordination of the CDS Phase II, ranging from unclear or differing expectations to weak mechanisms and implementation problems. Many final evaluations do not address the issues related to interdepartmental coordination. Of those that do, many of the concerns raised in the mid-term reviews are repeated.

The lack of strategic-level resource planning and accountability are identified as concerns in several reports.

Effectiveness in Reducing Harm Associated with Substance Abuse

None of the evaluations directly address the effectiveness of CDS Phase II in reducing harm associated with substance abuse.

DEPARTMENT OF CANADIAN HERITAGE (CH)

Participation in CDS Phase II

CDS Phase II provided enhanced resources to Canadian Heritage's responsibilities for coordinating Canada's role and activities in national and international strategies to address anti-doping in sport. This role encompassed activities to build awareness of the practice of doping in sport, and to develop, implement, and monitor mechanisms to eliminate doping and promote drug free sport.

Resource Enhancement

Sport Canada received $335,000 and 1 FTE annually from the CDS Phase II, to:

- undertake domestic and international activities of the Anti-Doping Program (approximately $50,000); and
- supplement support for the Canadian Centre for Drug-free Sport (CCDS)[42] for existing programs that address objectives related to Canada's Drug Strategy (prevention, control and treatment) with diverse target populations (approximately $285,000 under contract to CCDS).[43] It is noted that the CDS Phase II funding accounts for only 14% of the CCDS funds.

Targeting

- Canadian Heritage targeted high risk sports (e.g. junior football, weightlifting) and concentrated on testing in these sports. The department also targeted younger age groups and concentrated on influencing their values (e.g. "Spirit of Sport" campaign).

Coordination and Cooperation

- Canadian Heritage benefited from interdepartmental coordination in the following ways:
    - Sport Canada profited from the DFAIT experience in producing a brochure when the organization developed its own materials
    - through contacts established through the CDS Phase II, it has become accepted practice for Revenue Canada to inform the CCES of seizures of steroids

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[42] Now the Canadian Centre for Ethics in Sport - CCES

[43] Corporate Review Branch, Canadian Heritage (October, 1994) *Mid-term Review of Funds Expended by Sport Canada under Canada's Drug Strategy*, p.3.

- Sport Canada and the CCES influenced the RCMP and other police forces to include steroids as a drug in their presentations to youth.

Information Enhancement

- the CCES carried out two surveys to improve their knowledge of use of performance enhancing drugs by youth: a Canadian High School Survey and a Body Image Study
- the CCES gathered international data from 23 International Olympic Committee laboratories to gauge the magnitude of the problem and identify trends in drug use
- Revenue Canada, Customs now keep the CCES and Sport Canada informed of their seizures of steroids.

DEPARTMENT OF FOREIGN AFFAIRS AND INTERNATIONAL TRADE (DFAIT)

Participation in CDS Phase II

DFAIT was to further pursue its responsibilities related to the international and cross-border aspects of the drug trade. Through the CDS Phase II, DFAIT advanced the Anti-Drug Information Program, an information campaign designed to deter Canadian travellers from using, buying, or transporting drugs abroad.

DFAIT was also primarily responsible for Canada's contribution to the international response to drug-related issues, although these activities were not formally part of the CDS Phase II. As part of these activities, DFAIT coordinated Canada's participation in international fora related to drug-issues, through its Human Security Division (AGM). AGM coordinated and chaired an interdepartmental committee which included representatives from National Defence, Solicitor General Canada (Secretariat and RCMP), Revenue Canada, Canadian International Development Agency (CIDA), Health Canada, Justice, Privy Council Office and from DFAIT.

DFAIT received $300,000 per year from the CDS Phase II to deliver the Anti-Drug Information Program (ADIP), through its Corporate Communications Division. From 1992/93 to 1995/96, DFAIT spent an additional $207,769 on domestic anti-drug promotion activities, which was received through partnerships with other CDS Phase II partners.[44]

Resource Enhancement

The final evaluation reports that CDS Phase II funding has enabled the ADIP to:

- develop innovative communication tools and techniques to deliver its message beyond that which its resource levels would have unilaterally permitted, and
- forge partnerships with its CDS partners, as well as the private sector.

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[44] DFAIT (December, 1996) *An Evaluation of DFAIT's Activities Related to Canada's Drug Strategy*, p. 10.

Targeting

- As a result of the CDS Phase II funding, the ADIP program has been able to conduct research and more precisely target its activities and increase its level of partnerships.

- It is noted that it is difficult to demonstrate a causal link between the ADIP program and behavioural change. There is a lack of data to substantiate target audience decisions.

Coordination and Cooperation

- There was a lack of communication and confusion regarding the international coordination roles of DFAIT, CDSS (Canada Drug Strategy Secretariat), other federal departments, and the Canadian Centre for Substance Abuse (CCSA).

- There was a gap in coordination (e.g. partner involvement in the planning stages of activities) which was "augmented by the 'demise' of the CDSS in the Spring of 1996."[45]

- It is noted that AGM, which coordinates international activity, "acts rather independently of the CDS forum" and that this "process is functioning smoothly".[46]

- DFAIT partnerships which occured at the task-specific level included: a partnership with the RCMP on a poster campaign; a partnership with Revenue Canada (Customs) on the distribution of ADIP brochures; and, incorporation of the ADIP message in Consular communication material[47].

Information Enhancement

This was not a focus of DFAIT activities.

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[45] *ibid.Coordination and Cooperation*

[46] *Ibid.*, p. 17.

[47] External partnerships were also forged. Examples include: promotions and public service announcements with radio stations, Oral B and Cineplex Odeon Theatres, Vial Rail. *Ibid.*, p. 15.

HEALTH CANADA

Participation in CDS Phase II

The CDS Phase II Health Canada component included both prevention and enforcement/control objectives and activities and involved the work of three Branches. The vast majority of CDS Phase II prevention programming was delivered through the Health Promotion and Programs Branch (HPPB) and the Medical Services Branch (MSB), while the Health Protection Branch (HBP) was primarily responsible for activities in the enforcement and control area[48].

Canada's Drug Strategy Secretariat (CDSS) was established through the Memorandum to Cabinet, as the coordinating body for the CDS Phase II as a whole (including federal and external coordination). Situated within Health Canada, the CDSS also undertook a substantive role in international activities. It was moved several times within the department's organizational structure. It also underwent a name change to coincide with the dismantling of federal Secretariats. Finally, the CDSS was disbanded in the Spring of 1996. The apparent rationale was that resources would be better devoted to the implementation of the Population Health Approach within Health Canada.[49]

Resource Enhancement

The Health Canada component of CDS Phase II was allocated $77M over its five-year lifespan, including funds for the operations of the CDSS . Over the course of the Strategy, Health Canada's CDS funding levels were reduced by 30%, with the largest cuts occurring in the latter years of the Strategy.

The Health Canada final evaluation indicates that:

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[48] Health Canada, Evaluation Group, Strategic Planing and Review Directorate, Policy and Consultation Branch (December 16, 1996) *Evaluation of Canada's Drug Strategy - Health Component - Final Report,* and, Health Canada, Evaluation Group, Strategic Planing and Review Directorate, Policy and Consultation Branch (December 16, 1996) *Evaluation of Canada's Drug Strategy - Health Component - Evaluation Field Work Report.* This summary of achievements is based primarily on the findings in the above reports.

[49] HPPB staff note, in terms of its reduced status within the Department (and concomitantly interdepartmentally) and the impending sunsetting of CDS Phase II as of March 31, 1997, Canada's Drug Strategy Secretariat (CDSS) was disbanded as it was no longer serving any effective coordinative function.'

- CDS Phase II dollars enabled many new and enhanced activities to take place, however the timing of activities and cuts to funding levels may have limited the degree of impact achieved on actual programming.

- Health Canada did not monitor expenditures on the CDS Phase II in a consistent and complete manner[50].

- Health Canada forged new partnerships and developed innovative program development methods and strategies designed to meet the needs of high risk and hard-to-reach populations.

- Health Canada enhanced federal drug control measures regarding licit and illicit drugs via legislation and improved monitoring systems (the NARCON system). These measures were carried out in accordance with Canada's international drug control obligations stipulated in the United Nations Convention Psychotropic Substances. The Controlled Drugs and Substances Act received royal assent June 20, 1996.

- Federal program officials and external partners are concerned that primary prevention programming has diminished in Canada, because the federal government has withdrawn from this area, and provinces/territories no longer have the resources or infrastructure to deliver such programming. Prevention gains within the general population (particularly with mainstream youth) appear to be slipping.

Targeting

- Phase II targeted five high risk populations: out-of-the-mainstream youth (OOMY), Aboriginal peoples, Women, Seniors and DWI offenders, based on sound rationale. OOMY and Aboriginal peoples received the most attention (including a first-time focus for Health Canada substance abuse programming for off-reserve populations), followed by seniors and women.

- The targeting strategy resulted in positive impacts, including: innovation, new networks and synergy, and improved relevancy of programs. At this time, there is little outcome data available to objectively detail impacts, due to insufficient time frames within the Initiative for such work to measure the impacts of new types of programming.

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[50] While HPPB staff state their expenditures on CDS Phase II were routinely monitored at the Branch level, it is evident that there was no standard system in place to monitor overall departmental CDS expenditures in a consistent and systematic manner.

- Federal program officials and external partners are of the opinion that targeting high-risk populations and involving those target groups in program design, development and implementation, will yield a stronger impact on harm reduction than will general population programming. However, this opinion cannot be backed up by objective outcome research at this time[51].

Coordination and Cooperation

- Implementation coordination and cooperation on specific issues, target groups and projects was generally successful at the working level within Health Canada (including with external partners), and with other federal departments. External partner coordination and cooperation occurred at both national and regional levels, involving national organizations, provincial/territorial agencies and governments and community agencies and groups, First Nations, and off-reserve aboriginal organizations on specific tasks or issues.

- FPT coordination at official, strategic and program implementation levels was somewhat hampered during the course of the strategy (primarily by non-CDS factors), and thus limited the effectiveness of coordination overall. There is evidence that Health Canada program staff maintained working level FPT relations throughout the time frame of the CDS.

- The dismantling of provincial/territorial infrastructures to deal with substance abuse further impaired the concept of coordination/partnership that was envisioned in the strategy. Health Canada's departmental reorganization further contributed to strategic level coordination problems.

Information Enhancement

- Information base development within Health Canada and via the Canadian Centre on Substance Abuse (CCSA) has expanded the knowledge base on substance abuse trends and behaviours, particularly with respect to high risk populations (excepting Aboriginal populations, where at the request of Aboriginal communities, the primary focus was on program development and implementation).

- The breadth and amount of information available related to substance abuse in Canada has been enhanced during the course of CDS Phase II. However there is concern that these gains may be short-lived if they are not regularly updated, and if the policy and program implications of the knowledge gained are not used to inform national policy or action.

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[51] A significant step in quantifying the costs of substance abuse has been taken in the CCSA Cost of Substance Abuse study (1996), undertaken in collaboration with other organizations, including Health Canada.

HUMAN RESOURCES DEVELOPMENT CANADA (HRDC)

Participation in CDS Phase II

HRDC's objectives and activities under the CDS Phase II fell into two areas: to establish an Employee Assistance Program (EAP) to assist the federally regulated private sector; and to administer the Alcohol and Drug Treatment Rehabilitation Program (ADTR), a FPT cost-shared program for alcohol and drug treatment and rehabilitation[52].

The ADTR program was formerly a responsibility of the then department of National Health and Welfare[53], and the EAP was formerly the responsibility of the then department of Labour.

ADTR PROGRAM

The ADTR was originally implemented under Phase I of the National Drug Strategy. It was designed as part of a strategy to enhance demand reduction programming, particularly for youth. ADTR provides financial support to provincial initiatives. Because the funding for this program is related to a permanent increase in HRDC's A-base, it did not sunset with the CDS in 1997.

Resource Enhancement

- The ADTR program was originally allocated $20M per year, but this was immediately reduced to $15.5M per year, and no FTEs. In addition, such funds were provided as part of the department's A-Base budget.

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[52] At the outset of the CDS Phase II, the ADTR Program was a responsibility of National Health and Welfare. Following a government-wide re-organization, it was transferred to HDRC. It is currently proposed that it be transferred back to Health Canada.

[53] Health Canada retained the former NHW's responsibilities in the areas of prevention programming as well as law enforcement and control activities associated with the health protection function of the department; the Alcohol and Drug Treatment and Rehabilitation Program was transferred to Human Resources Development Canada, diminishing the department's responsibilities in the area of treatment. As well, resources were also transferred to the Department of Canadian Heritage to address substance abuse issues related to fitness and amateur sport.

Targeting

- ADTR was intended to address program gaps with a particular targeting adjustment towards youth, however some degree of overlap between the cost-sharing programs of VRDP and ADTR exists, with the result that ADTR was not limited to specific target groups, e.g. youth.
- ADTR targeting was driven primarily by provincial demand which may not correspond to CDS priority targets, yet there is "evidence to indicate that efforts are in fact being targeted to youth through ADTR".[54]

Coordination and Cooperation

- CDS/HRDC programs were not strongly linked to one another. It does not appear that they were strongly linked to a concept of a National Strategy. Program officials reported they did not perceive they were part of a National Strategy[55].
- Lines of accountability were program-based, rather than CDS-based (i.e. they were not through the Strategy).

Information Enhancement

- ADTR did not collect information regarding program impacts on provincial service systems although it was recognised that there was a potential for the ADTR to contribute valuable information on alcohol and drug treatment programming.

THE EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP was a new Initiative under the CDS, intended to develop and undertake promotional and educational activities to assist private initiatives in federally-regulated sectors. The program addressed a new target area for departmental programming, notably 21,000 federally-regulated worksites, encompassing 400,000 employees; excluded from this group were transportation sector employees, who were covered separately by Transport Canada.

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[54] Human Resources Development Canada (February 14, 1995) *Mid-term Review of Canada's Drug Strategy Programs - Final Report*, p. 13

[55] HRDC (February 14, 1996) *Mid-term Review of Canada's Drug Strategy Programs - Final Report*, pp. 16-18.

Resource Enhancement

- EAP received $500K per year and 1 FTE (originally intended to be 3 FTEs)
- Despite significant delays to its implementation, HRDC was successful in developing and implementing the program, and it has been fully integrated with on-going initiatives within the Labour Branch.

Targeting

- CDS Phase II funds were used to accomplish a specific task, i.e. the development of information for employers on the availability of substance abuse programming and resources for employees.

Coordination and Cooperation

- "Partnership" arrangements were established with organizations such as the CCSA, the Addiction Research Foundation, Canadian Centre for Occupational Health and Safety, and the Canadian Employee Assistance Program.
- EAP operated as an initiative independent from the concept of the CDS Phase II. EAP responsibilities for achieving overall Strategy objectives were never clearly defined.
- Lines of accountability for the expenditure of CDS funds were within the Labour Program itself (i.e. not with the CDS).

Information Enhancement

- The EAP supported the development of tools to promote EAP, namely the *Guide to Employee Assistance Programs and Services in Canada* (housed in the Canadian Centre on Substance Abuse) and a *Directory of Employee Assistance Program Resources in Ontario* (developed in collaboration and marketed by the Addiction Research Foundation)
- there is no information on whether the efforts of the EAP increased awareness of EAP or use of them by the federally-regulated private sector, although there is evidence that resource products are being requested: CCSA has sold 146 *Guides* in 1995 (there are no data on Internet access); to October 17, 1996, ARF has sold 122 copies of the Ontario directory.

DEPARTMENT OF JUSTICE (DOJ)

Participation in CDS Phase II

Under the CDS Phase II, the Department of Justice was to further Canada's legislative response to supply reduction, including the *Seized Property Management Act* and the long-awaited *Controlled Drugs and Substances Act* (receiving royal assent June 20, 1996). CDS Phase II funding was to enhance the department's capability to provide on-going policy guidance and direction to improve the effectiveness of federal drug prosecutions. The Department, under RCMP leadership and along with Revenue Canada, Customs, and the Solicitor General Secretariat, was to play an important role in establishing and maintaining Integrated Anti-Drug Profiteering Units (IADPUs) at specific sites across the country, enhancing the links among enforcement, interdiction and prosecution activities[56].

The Department of Justice did not conduct a formal evaluation of its CDS Phase II activities, although it produced annual monitoring reports. The following information is based on the 1995-96 annual report.

Resource Enhancement

The Department of Justice was allocated $200,000 which was used primarily to fund 3 FTEs[57].

Office of the National Strategy for Drug Prosecutions

The main activities of the CDS Phase II FTE assigned to this office in 1995/96 related to:

- the preparation and passage of Bill C-8, The Controlled Drugs and Substances Act, working in concert with the Health Canada
- provision of advice to federal prosecutors regarding disclosure
- activities related to the Seized Property Management Act, and subsequent regulations and international agreements related to the sharing of forfeited proceeds of crime

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[56] The section on the Solicitor General Canada Secretariat details the impacts of the IADPU.

[57] 1 FTE to the Office of the National Strategy for Drug Prosecutions; 1 FTE to Legal Services Unit, Health Canada; and 1 FTE to the Quebec Regional Office, Criminal Prosecutions.

- consultations with respect to the development and approval of diversion programs.

FY 1996/97 focused on several tasks related to Bill C-8, notably:

- drafting of police enforcement and health regulations with respect to Bill C-8
- preparation and development of legal policy issues to be addressed by the House of Commons Standing Committee on Health's Comprehensive Review of Canada's drug policies that was promised during the parliamentary review process
- interdepartmental discussions surrounding the development of regulations related to precursor chemicals
- support to prosecutors regarding interpretation of Bill C-8.

As well, on-going work on disclosure and issues related to the Seized Property Management Act were undertaken.

Legal Services, Health Canada

The Department of Justice provided legal services to Health Canada, including the monitoring of the progress of Bill C-8, and preparation for anticipated revisions to regulations related to its passage. Legal opinions on issues related to topics such as: Bill C-8, suspension of doctor's prescribing privileges, confidentiality of information, cost recovery, devolution of responsibilities to provinces, the use of remote input devises, the industrial use of cannabis fibre, the cultivation of hemp, and destruction of narcotics were also provided. The Legal Services FTE also participated in interdepartmental discussions related to the Drug Prosecution fund and other coordination matters.

Work in 1996/97 was expected to focus on new regulations related to the Controlled Drugs and Substances Act and other regulatory matters, as well as on-going legal and policy advice and coordination.

Bureau Régional du Québec, Poursuite Criminelles

One of the CDS Phase II FTE's provided to the Department of Justice was utilized in the Québec Region, to contribute to the prosecution of high profile criminal cases related to substance abuse.

REVENUE CANADA (RC)

Participation in CDS Phase II

CDS Phase II funding was to enhance Canada's drug intelligence analysis and enforcement response at border crossings (including Revenue Canada participation in the IADPUs). CDS Phase II funds were ear-marked to help Revenue Canada to update its contraband technologies, and through cooperative research, to develop state-of-the-art contraband detection tools and techniques.

Revenue Canada's CDS Phase II activities were carried out by its Border Services function, and were in the context of a wide array of departmental programs and resources dedicated to targeting risk situations and detecting contraband, e.g. drugs, alcohol, tobacco, weapons, and prohibited goods. It is therefore difficult to make specific attributions to the CDS Phase II. It is also noted that the National Action Plan to Combat Smuggling also had a significant impact on activities in this area.

Resource Enhancement

Under the CDS Phase II Revenue Canada was allocated $3.25M annually which was used to fund 66 FTEs to:

- strengthen detection capacities in key areas such as high risk cargo shipments, travellers and international mail
- participate in multi-agency, joint force operations ($150K per year on IADPU), and
- acquire contraband detection equipment ($400K per year).

According to Revenue Canada officials, between January 1987 and December 31, 1996, Revenue Canada recorded approximately 26,000 drug seizures valued at over $5.8 billion. Between January 1992 and December 1996, approximately 13,767 drug seizures valued at over $4 billion were recorded[58].

In addition Revenue Canada undertook a variety of education and prevention activities including:

- Detector Dog Service demonstrations
- participation in drug awareness campaigns, and

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[58] Revenue Canada (March 1997) *Canada Drug Strategy - Phase II Final Review.*, p. 3. Information on time periods was provided by Revenue Canada officials.

- the development of Memoranda of Understanding with transportation agencies (e.g. airlines) regarding education on drug and other contraband smuggling issues.

Targeting

- Revenue Canada targeted some of its activities to youth, via out-reach education activities such as Detector Dog Service demonstrations in schools.

- Targeting, as used in the evaluation report, meant being more selective in the cargoes they choose to inspect.

Coordination and Cooperation

- Joint coordination and cooperation with law enforcement and justice personnel, as well as cooperation with private sector transportation agencies, were seen as Revenue Canada's major contribution to the goals of the CDS Phase II.

- Some results of improved cooperation/coordination[59] include:

  - Through working in the IADPU, Revenue Canada staff have come to appreciate the benefits of working with other agencies. For example, they have learned that they can depend on other agencies for inland investigations (e.g. RCMP & Revenue Canada fraud sections now work together).
  - Working with DFAIT on the international scene has helped Revenue Canada anticipate sensitive issues before they emerge in Canada.
  - contacts established with provincial substance abuse centres have been useful.

Information Enhancement

- Revenue Canada has had Regional Intelligence Analysis Units in place since 1991/92. Its expanded information networks have improved its intelligence capacity, and research and development has improved contraband detection.

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[59] From an interview with Revenue Canada staff.

SOLICITOR GENERAL CANADA - SECRETARIAT

Three areas of the Solicitor General Canada were part of the CDS Phase II: the Secretariat, the Royal Canadian Mounted Police (RCMP) and the Correctional Service of Canada (CSC). Each of these areas is treated separately below.

SOLICITOR GENERAL CANADA - Secretariat

Participation in CDS Phase II

The Ministry Secretariat of the Solicitor General of Canada was to enhance its role in both the supply and demand reduction response. The Ministry Secretariat assumed responsibility for year-end evaluations of the IADPUs, and in the early part of the strategy, undertook some prevention-related activities. The Ministry Secretariat exercised lead responsibility for Canada's participation in the Inter-American Drug Abuse Control Commission (CICAD), and for representing Canada on the G-7 Financial Action Task Force and the Caribbean Financial Action Task Force (FATF).

During the course of the CDS Phase II, the Secretariat redirected part[60] of its drug prevention initiative resources towards:

- its "increasing responsibility" for international drug-related files (e.g. organized crime, money laundering, and drug control) as well as to pay for Canada's annual contribution to the operating costs of international fora (e.g G-7 Financial Action Task Force), and
- developmental and consultation expenses related to the Witness Protection Program and DNA Identification.

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[60] Funds for the evaluation of the IADPU were not affected by the re-profiling of the Secretariat's resources.

Resource Enhancement

The Solicitor General Canada Secretariat was allocated funding for:

- monitoring and evaluating Integrated Anti-Drug Profiteering Units[61] in Toronto, Montreal, and Vancouver ($920,000 over the period of the CDS Phase II, and 1 FTE in FY 1992/93 and 2 FTEs 1993/94-1996/97), and

- the continuation of drug prevention initiatives involving police services in schools and community settings ($400,000 per annum and 2 FTEs over the period of the CDS Phase II)[62].

The Solicitor General Canada Secretariat evaluation[63] of the Integrated Anti-Drug Profiteering Unit Initiative (IADPU) indicates that the units have had a direct and positive impact in improving anti-drug profiteering investigations and prosecutions, in accordance with the Proceeds of Crime legislation, including:

- significant annual increases in the number and value of assets seized (in the first four years of the initiative, $87.2M in new seizures were made[64]), size of criminal organizations disrupted, and value of assets ordered forfeited by the courts (in the first four years, there were $25.04M in forfeitures)
- improvements to case selection
- improvements to strategic development of operational plans
- improvements to working relationships and information-sharing amongst all IADPU partners
- elimination of abandoning cases due to operational deficiencies and inefficiencies
- development and enhancement of investigation strategies and methods
- increased application of high-tech solutions.

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[61] The Integrated Anti-Drug Profiteering pilot units were a Phase II initiative to investigate proceeds of crime offences. The IADPUs involve the RCMP (which manages the IADPUs), the Department of Justice, Revenue Canada (Customs) and Health Canada.

[62] These funds were then redirected towards the Secretariat's international efforts and other domestic activities.

[63] In addition, the Secretariat was responsible for conducting annual evaluations of the IADPUs. These detailed evaluation reports were not available to our evaluation team, although summary results were provided in the Secretariat's final evaluation of the CDS Phase II.

[64] This compares to $44.7M in seizures and $4.9M in forfeitures for the four-year period prior to the IADP.

There are indications that the IADPU units are having a greater impact than non-integrated IADPUs.

In addition:

- Domestic activities (which also replaced the Secretariat's demand reduction component) have supported development of legislation related to Witness Protection and DNA Identification as well as small contributions to the Health and Enforcement in Partnership (HEP) committee.

Legislative Issues Related to the Effectiveness of Supply Reduction

- There are gaps in legislation to support investigations, notably related to cross-border control over currency/monetary instrument movement, a need to expand commodities governed by smuggling laws and a need for mandatory monetary transaction reporting by financial institutions.
- Investigations have pointed out that there is a need for additions and amendments to legislation, including provisions in the Criminal Code related to covert storefront operations and the regulations in the Controlled Drugs and Substances Act related to "reverse stings".

Targeting

- Initial demand reduction activity indicates that at-risk groups (particularly aboriginal youth) were targeted, with a focus on inhalants. (Note that demand reduction activities were discontinued in order to focus on the Department's international efforts and other domestic activities.)

Coordination and Cooperation

- International activities (which replaced the Secretariat's demand reduction component) supported Canada's actions in international fora, and provided annual contributions to organizations such as CICAD and the G-7 Financial Action Task Force.
- Demand reduction activities were also carried out in cooperation and coordination with partners, and were designed to fill information gaps.

Information Enhancement

This was not a focus of Secretariat activities.

SOLICITOR GENERAL CANADA - Royal Canadian Mounted Police (RCMP)

Participation in CDS Phase II

The RCMP served as the lead agency in implementing the IADPUs. In addition, it played an active role in enhancing public awareness and understanding of drug issues at the community level. On the international front, the RCMP was to provide enforcement training and assistance to selected drug-source and transit countries.

Resource Enhancement

The RCMP was allocated funding to enhance existing programming and activities, namely the:

- Drug Awareness Program - $800K (14 FTEs)
- Integrated Anti-Drug Profiteering - $1.5M (36 FTEs)
- Coastal Watch Program - $300K (7 FTEs)
- Drug Intelligence & Liaison - $1.6M (25 FTEs)
- International Drug Training - $300,000.

Targeting

- RCMP prevention/awareness efforts were targeted to address community needs and priorities.

- Enforcement/control efforts were focused on addressing criminal activity associated with the drug trade.

- International drug training focused on law enforcement personnel in source/transit countries.

Coordination and Cooperation

- Intelligence-gathering and inter-agency cooperation was enhanced (including inter-divisional cooperation as well as cooperation with U.S. agencies such as the U.S. Military Intelligence, the U.S. Drug Enforcement Agency). There is room to improve the Coast Watch Program, as investigators indicate that current seizures only represent one-tenth of what is actually being smuggled into Canada.

- RCMP technical assistance and training to other drug source and drug transit countries has had a major impact on cooperation between the RCMP and drug enforcement officials in those countries; as well Canada's image abroad has been enhanced.

Information Enhancement

- There have been some improvements to information-flow between drug enforcement units and the Criminal Intelligence Program, however more information is needed to develop a complete and accurate picture of drug trends, smuggling techniques, and concealment methods. The National Crime Data Bank is not being used to its potential.

SOLICITOR GENERAL CANADA - Correctional Service of Canada[65]

Participation in CDS Phase II

The Correctional Service of Canada (CSC) was to further the development, implementation, and evaluation of state-of-the-art substance abuse programs for federal offenders in both institutional and community-based settings, in accordance with CSC's overall rehabilitation program strategy.

Resource Enhancement

Under the CDS Phase II the Correctional Service of Canada was allocated $300,000 per year to finance special projects aimed at improving the assessment tools, treatment programming options, and research information in the area of CSC substance abuse activities. According to departmental personnel, funds were allocated as follows[66]:

- Program Development and Implementation (including facilitator training, program updates, revisions and adaptations, program support materials, ongoing systems support, software maintenance for and improvements to the Computerized Lifestyle Assessment Inventory (CLAI), development of a moderate level institutional-based program for federally sentenced women) ($1.2M over the 5 year period)
- Research (data collection and analysis on substance abuse programs and on the Computerized Lifestyle Assessment Instrument (CLAI); partial funding for a 5-year evaluation study of an institutional-based therapeutic community program, and a two-phase evaluation of another program) ($300K over the 5 year period)
- Health Care/High Intensity Program development at the Regional Psychiatric Centre.

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[65] The CSC evaluation presented descriptions of all CSC substance abuse and related programs. Since activities funded by the CDS Phase II were not segregated, the information presented in this Annex also draws on interviews with CSC staff.

[66] This information was provided by CSC staff.

CDS Phase II funding is only a small portion of CSC's operational expenditures on substance abuse programming, which are stated as approximately $5M per annum.

- The $300K annual funding received by CSC was focused on demand reduction activities and contributed to:
  - a comprehensive approach to assessment of offender substance abuse programs and treatment needs at intake
  - the development of a menu of "state of the art" treatment programs responding to identified offender needs
  - training program for deliverers in place, and about 200 staff trained to deliver programs
  - a treatment program for federally sentenced women, and
  - research to evaluate needs assessments and substance abuse treatment programming in corrections.

During the course of CDS Phase II, CSC established its own National Drug Strategy, which evolved out of the Focus Group on Drug Interdiction which was convened by the Commissioner of Correctional Services Canada and met in 1994.

APPENDICES

APPENDIX A

KEY COORDINATING MECHANISMS - CDS PHASE II

CDS Mechanisms

ADM's Steering Committee on CDS

CDS Interdepartmental Working Group

CDS Communications Working Committee (disbanded April 1996)

CDS Secretariat (disbanded April 1996)

Subject-matter Related Interdepartmental Mechanisms

Interdepartmental Committee on International Drug Issues

Interdepartmental Committee on DWI

Interdepartmental Committee on Bill C-8 (Phase II, no longer exists, Bill passed)

Interdepartmental Committee on Transnational Organized Crime

National Mechanisms (with an interdepartmental aspect)

Health and Enforcement in Partnership Steering Committee

National Steering Committee on Out-of-the-Mainstream Youth (OOMY)(disbanded on project completion)

CCSA Policy Group

F/P/T Working Group on Seniors and Medication

F/P/T Working Group on DWI

F/P/T Group on Alcohol and Other Drugs Issues

F/P/T Research Committee on CADS (disbanded on release of CADs, April 1996)

APPENDIX B

LIST OF INTERVIEWEES

Helen Banulescu
Chief, Law Enforcement Group
Police and Law Enforcement Directorate
Policy and Research Division
Solicitor General Canada

Heather Buchanan
Department of Foreign Affairs and International Trade

Anita Biguzs
Senior Program Analyst
Treasury Board Secretariat

John Burton
Director, Client Education and Training
Operations Branch
Labour Program
Human Resources Development Canada

Michéle Carpentier
Project Officer
Correctional Programs Branch

Chief Superintendent René Charbonneau
Officer-in-Charge
Drug Enforcement Branch
Royal Canadian Mounted Police

Cynthia Cusinato
Coordinator
ADIP Program
Department of Foreign Affairs and International Trade

George Dolhai
Counsel, Strategic Prosecution Policy Section
Department of Justice

Gord Farrell
Correctional Research and Development Sector
Correctional Service of Canada

Corporal Tom Furlong
Drug Enforcement Branch
Royal Canadian Mounted Police

Judith Huska
Coordinator
International Drug Issues
Department of Foreign Affairs and International Trade

Diane Jacovella
Manager
Office of Alcohol, Drugs and Dependency Issues
Health Canada

Brian Jonah
Chief, Road Users Division
Road Safety Directorate
Transport Canada

Don MacLeod
Chief, Federal/Provincial Programs
Human Resources Investment Branch
Human Resources Development Canada

Linda McClaren
Director
Program Development and Implementation
Correctional Programs Branch
Correctional Service of Canada

S/Sgt Glen McPhail
Audit and Program Evaluation Directorate
RCMP

Colette Savard
Senior Programs Officer
Federal/Provincial Programs
Human Resources Investment Branch
Human Resources Development Canada

Ole Sorensen
Senior Consultant
Anti-Doping Program, Sport Canada
Department of Canadian Heritage

Toru Uno
Group Chief, Social, Cultural and Health Reviews
Treasury Board Secretariat

Chris Walker
Solicitor General Secretariat
Proceeds of Crime Section
RCMP - Newmarket Detachment
Solicitor General Canada

John Weekes
Manager
Substance Abuse Programs
Correctional Programs Branch
Correctional Service of Canada

George A. Webb
Chief, Drug Operations Section
Enforcement Operations Division
Enforcement Directorate
Customs Border Services Branch
Revenue Canada

Note: the Evaluation Team consulted with members of the Evaluation Working Group on an as-needed basis throughout the course of the evaluation. In addition, several people originally slated for interviews were unavailable.

APPENDIX C

INTERVIEW GUIDE

CANADA'S DRUG STRATEGY, PHASE II
INTERDEPARTMENTAL
FINAL EVALUATION

INTERVIEW GUIDE

Interview #:
Interviewer:
# of people participating in interview:
Date:

Introduction

Interviewers will provide the following background information before commencing the interview:

Our firm, Jamieson Beals Lalonde, has been contracted to evaluate the CDS Phase II as an interdepartmental initiative. Specifically, the objectives are to capture:

- *in summary format, what was collectively achieved under the CDS Phase II, in terms of improved targeting, coordination, information base and resource enhancements*
- *the "value-added" by undertaking the CDS Phase II as an interdepartmental strategy versus independent modes of action*
- *lessons learned for the design, delivery, management and evaluation of multi-departmental initiatives generally*
- *lessons learned for the future management of national programs addressing substance abuse issues, and*
- *where possible, summarize the CDS Phase II's effectiveness in reducing harm associated with substance abuse, as evidenced in departmental evaluation report findings .*

Where applicable, indicate that you have reviewed department's evaluation report on its CDS Phase II participation.

Before we start our interview, I'd like to assure you that your interview is confidential, and you will not be identified individually in the report.

Orientation

1. a) How familiar are you with the CDS Phase II? What has been your role in, and involvement with the CDS Phase II? (determine role, level of involvement, time period, type of involvement).

   b) Did you participate in any interdepartmental committees? (if yes, please name them)

Clarification of CDS Resources

2. What CDS Phase II resources were received by your department?

Achievements CDS

3. In your opinion, what were the key strategies of the CDS Phase II and how were they interpreted by your department?

4. In your opinion, what has the CDS Phase II enabled your department to achieve that you wouldn't have been able to do had there not been an inter-departmental strategy?

5. Did your department experience cuts in CDS funding, and if so, what was the impact of those resource cuts on your achievements?

Coordination and Cooperation

The CDS Phase II intended to improve coordination and cooperation at many different levels, including within Health Canada, across Federal Departments, and with other partners, and between prevention and enforcement/control programs and policies.

6. Why were improvements needed?

7. How was CDS "coordination" and "cooperation" interpreted by your department?

8. How effective were the following formal mechanisms in achieving cooperation and coordination (on a scale of 1 to 5, where 1 is not at all effective, and 5 is completely effective):

Federal Level

CDS mechanisms:

ADM's Steering Committee on CDS (ongoing)

CDS Interdepartmental Working Group (ongoing as planning committee?)

CDS Communications Working Committee (Phase II, no longer existed as of April 1996)

Evaluation Working Group

Parallel / Issue related mechanisms:

Interdepartmental Committee on International Drug Issues (*FAIT - Independent Drug Strategy, on-going)

Interdepartmental Committee on DWI*Justice (new mandate and leadership under CDS Phase II)

Interdepartmental Committee on Bill C-8 (Phase II, no longer exists, Bill passed)

Interdepartmental Committee on Transnational Organized Crime*.

* These committees have a mandate which extends beyond CDS.

Task-specific mechanisms:

- IADP (Integrated Anti-drug Profiteering Unit Initiative

National Level

e.g. HEP (Health and Enforcement in Partnership Steering Committee)

9. Would these coordination mechanisms have occurred if the CDS Phase II hadn't been designed as an inter-departmental strategy?

10. What were your expectations of the role of the CDS Secretariat in terms of coordinating the strategy?

11. The CDS Secretariat was abolished in 1996. What has been the impact of this change on your department's approach to coordination and cooperation on substance abuse issues?

12. From your perspective, what improvements to coordination and cooperation resulted from the CDS Phase II?

    Federally:

    With other government (prov/terr) partners:

    Other partners (e.g. NGOs and private sector):

    Internationally:

13. What value was added by CDS coordination and cooperation to your department's activities related to substance abuse issues?

14. How satisfied were you with the degree of coordination and cooperation achieved?

15. What were the downsides of CDS coordination and cooperation?

16. In hindsight, what could/should have been done to improve coordination and cooperation?

LESSONS LEARNED

17. What is the most important lesson learned from the experience of CDS Phase II for the design, management & delivery, and evaluation of *future* **substance abuse strategies:**

    Design:

    Management & delivery (include accountability and coordination):

    Evaluation:

18. What is the most important lesson learned from the experience of CDS Phase II for the design, management & delivery, and evaluation of *future* **interdepartmental strategies or initiatives:**

Design:

Management & delivery (include accountability):

Evaluation:

Clarification of Issues Arising from the Department's Evaluation

this section to be tailored to specifics of department's evaluation documents

19. Do you have any other comments or concerns?

APPENDIX D

LEARNING CIRCLE AGENDA, DISCUSSION PAPER AND PARTICIPANTS

CANADA'S DRUG STRATEGY INTERDEPARTMENTAL EVALUATION

LEARNING CIRCLE

AGENDA

April 15, 1997

9:00 - 12:15

Room 1000 A Brooke Claxton Building
Tunney's Pasture

9:00 a.m.	Welcome and Introductions
9:10 a.m.	Interdepartmental Strategies as a Policy and Program Tool
9:30 a.m.	Coordination, Cooperation, and Partnerships - Expectations
10:20 a.m.	Break
10:30 a.m.	Strategic Planning - Potential Improvements
11:00 a.m.	Visibility of CDS Phase II as a Strategy - Potential Improvements
11:30 a.m.	Monitoring and Evaluation for Program Management and Decision-Making
12:00 p.m.	Closing Remarks
12:15 p.m.	Adjourn

Solicitor General Canada - Correctional Service of Canada

CANADA DRUG STRATEGY PHASE II

INTERDEPARTMENTAL EVALUATION

EVALUATION ISSUES

April 10, 1997

Jamieson, Beals, Lalonde & Associates, Inc.

1.0 INTRODUCTION

Background

One of the main purposes of the interdepartmental evaluation of the Canada Drug Strategy Phase II is to learn about the value of interdepartmental coordination as a means of achieving better public policy and program results on complex, cross-cutting issues such as substance abuse. As part of the process, we are holding a Learning Circle, to gather insights from key officials who have had longstanding experience with the CDS Phase II, on interdepartmental coordination.

What is a Learning Circle?

A Learning Circle is a forum for open, constructive discussion. In this case, representatives from participating departments will focus their attention to a set of issues related to the strategic interdepartmental coordination of the CDS Phase II. Our overall goal is to answer the questions:

- *What value is added by interdepartmental coordination, as a means of achieving better policy and program results on substance abuse?*
- *How can interdepartmental coordination be improved?*

What's Expected of Participants

Background reading for the Learning Circle includes this Issues Paper and the Agenda. Participants may also wish to review the CDS Phase II objectives. Although the primary perspective of the Learning Circle is federal-wide, not department specific, participants may also wish to review their respective departmental mid-term review and evaluation prior to the session.

We expect participants to set aside their "departmental hats" and provide constructive feedback on the issues as federal public servants.

2.0 KEY ISSUES FOR DISCUSSION

Through the document review and interviews to date, we have identified a number of key issues related to interdepartmental coordination. They are summarized below.

✓ *Inter-departmental Strategies as a Policy and Program Tool*

Strategies such as the CDS Phase II are built on the assumption that departments may share a common goal and that together, the linked performance of their components will equal "more than the sum of their parts", i.e. they will achieve more impact than they would have as independent policies or programs. As such, interdepartmental strategies serve as a useful policy tool by raising a particular priority and focusing concerted effort. In some cases, they may be established to complement policies or program components.

We note that the CDS Phase II appears to have had mixed success as a policy tool. For example, the CDS Phase II was not bound by a common federal policy position on harm reduction (although that has evolved over the course of the strategy). Canada's international component, critical to addressing the illicit drug trade was not included in the design of CDS Phase II. On the other hand, the CDS Phase II continued to address a balanced approach between supply and demand reduction.

As a program tool, the CDS Phase II appears to have had more success in task-specific ventures such as the IADPU (Integrated Anti-drug Profiteering Unit). Some other programs operated in isolation of the concept of a strategy.

For Discussion

- What were the strengths of an interdepartmental approach to substance abuse?
- What were the weaknesses?
- What was the value added of the CDS Phase II - to federal players and other partners? How should value added be defined and measured?

✓ *Coordination, Cooperation, and Partnerships - Expectations*

The CDS Phase II was built on the assumption that stronger coordination was required to address effectively substance abuse issues nationally. Alongside was the need to enhance cooperation, particularly between supply and demand reduction sides. The CDS Phase II was also built on the assumption that partnerships (at all levels) can provide an improved response to substance abuse issues.

Departments participating in CDS Phase II appear to have different concepts of the purpose of coordination, and how it should be implemented:

For Discussion

- What should coordination mean? Should it involve more than information-sharing?
- What are reasonable expectations for coordination at the strategic level? How can coordination be effectively dealt with in the federal environment?
- What are reasonable expectations for coordination at the program level? How can coordination be effectively dealt with from the federal level?
- What type of management, organization and partnerships would have been required to make the CDS more effective?

✓ *Strategic Planning - Potential Improvements*

Departments were allocated certain resources at the beginning of the CDS Phase II. Aside from the Memorandum to Cabinet itself, there is little evidence of strategic resource planning at the interdepartmental level over the course of the CDS Phase II. Consequently, in their reviews and evaluations, some departments noted that opportunities to collaborate and to use projected lapsed funds, were not maximized.

Departments assumed full responsibility for the financial management of monies allocated to them through the Strategy. In their reviews and evaluations, some departments identified the fact that the lines of accountability for the expenditure of CDS funds were program-based (not to the CDS Phase II as a whole) as an issue.

For Discussion

- What improvements to the actual design of the CDS Phase II could have been made to improve its chances of success?
- What improvements to the interdepartmental planning process could have been made to improve its chances of success?
- What improvements to the financial management of the Strategy's resources could have been made to improve its chances of success?

✓ ***Visibility of the CDS Phase II as a Strategy - Potential Improvements***

It does not appear that the CDS Phase II had visibility as a national strategy. For example, the CDS Secretariat (CDSS) does not appear to have had a significant profile or stature at the national level. This is attributed to facts such as: the CDSS's mandate was neither adequately articulated nor endorsed; there was confusion between the role of the CDSS and the Canadian Centre for Substance Abuse; and, its reporting level within Health Canada was too low. Some departmental reviews and evaluations note that the CDS Phase II was not known as a strategy beyond headquarters level.

For Discussion

- Is national visibility important? Why?
- Should the CDS Phase II have had greater visibility as a national strategy? If so, how could greater visibility have been achieved?

✓ ***Monitoring and Evaluation for Program Management and Decision-Making***

Mid-term reviews are conducted to provide decision-makers with information about how a particular strategy is being implemented. Usually, this information is gathered mid-stream, with the view that program design and delivery changes or refinements can be made. In the case of the CDS Phase II, mid-term reviews of the departmental and interdepartmental components of the CDS Phase II were conducted.

Many of these reports commented on problems associated with interdepartmental coordination. It does not appear that the mid-term conclusions and recommendations were used to refine CDS Phase II. At the same time, it is recognized that on-going monitoring and evaluation of a strategy like CDS Phase II is needed.

Final evaluations of the CDS Phase II are being completed as the initiative is sunsetting, and as plans for a renewed national plan are being developed.

For Discussion

- What were the advantages and disadvantages of the evaluation process associated with the CDS Phase II? What are the alternatives?

APPENDIX - CDS PHASE II OBJECTIVES

The Primary Objective

The primary or overall objective of the CDS is:

- *to make Canada's alcohol and drug interventions more effective at reducing harm to individuals, families, and communities caused by problem alcohol and other drug use.*

Reducing harm is a broad concept which encompasses the physical, psychological, economic and social aspects of harm, including violence, emotional distress, financial loss, and criminal behaviour. This overall objective was derived from the Memorandum to Cabinet, the Treasury Board submissions, and discussions with Canada's Drug Strategy Secretariat.

Second and Third Order Objectives

The second and third order CDS objectives articulate how the primary objective is to be achieved.

The second order objective, *enhanced programming*, would be effected through the mechanisms of enhancement (the third order objectives). These are:

- *improving program targeting through a focus on high risk populations*
- *improved coordination and collaboration across federal departments and with external partners (i.e. provincial and territorial governments, non-government organizations, etc.)*
- *improved information base on substance abuse related issues, to assist policy-makers, program developers, researchers, professionals, and others concerned with substance abuse issues in addressing this problem, and*
- *enhanced resources that would enable departments to continue certain on-going activities and redirect attention to emerging issues or new activities.*

PARTICIPANTS IN LEARNING CIRCLE

Anita Biguzs, Treasury Board Secretariat

Cynthia Cusinato, Foreign Affairs and International Trade

Diane Jacovella, Health Canada

Linda McLaren, Correctional Service Canada

Bruce Rowsell, Health Canada

Colette Savard, Human Resources Development Canada

Ole Sorensen, Canadian Heritage

Chris Walker, Solicitor General Secretariat

George Webb, Revenue Canada (results of the Learning Circle were provided for his review and comments)

APPENDIX E

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Solicitor General Canada Secretariat, Policing and Law Enforcement Directorate (January 1997) *Canada's Drug Strategy - Final Review.*